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ABSTRACT

The guide is designed to provide information about the requirements and provisions of various federal housing assistance programs and their direct relevance to the creation and support of residential options for the mentally ill. Chapter I provides a descriptive overview of potentially relevant federal housing provisions. In Chapter II, specific HUD (Department of Housing and Urban Development) funding options are linked to a range of alternative community living arrangements. A final chapter summarizes various strategies which state and local agencies can apply to the process of securing funds and in the development of residential programs. Appended materials include a glossary, a bibliography, a list of key people in HUD area and regional offices, a list of State Housing Financing and Community Affairs Departments, a table showing the regional allocations of Section 8 and new traditional public housing funds, a list of relevant projects cited in the guide, and a Letter of Opinion affirming the eligibility of the mentally ill for Section 8 and traditional public housing programs. (SBH)

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A GUIDE TO FEDERAL HOUSING PROGRAMS FOR THE MENTALLY DISABLED

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"Under Title VI of the Civil Rights Act of 1964, recipients of Federal financial assistance are prohibited from discriminating on the basis of race, color or national origin in federally assisted programs and activities. Discrimination against qualified handicapped persons on the basis of physical or mental handicap in federally assisted programs is also prohibited by Section 504 of the Rehabilitation Act of 1973."

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The review panel set up by the National Institute of Mental Health for this project also assisted in reviewing numerous drafts. They included William TenHoor, the convener; Mark Lawrence, St. Elizabeths Hospital, Washington, D.C.; Toyo Biddle, DHEW; Judy Turner, Leslie Scallet, and Robert Arindell of NIMH. Finally, we would also like to thank Al Condeluci of the Pittsburgh United Cerebral Palsy Association and Bernie Unger of the General Accounting Office.

We also take responsibility for any errors or misinterpretations which may have been overlooked in the short space of two months which we had to cover the wide range of federal housing possibilities.

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INTRODUCTORY REMARKS

JOSEPH A. CALIFANO, JR., SECRETARY

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

We are pleased to make available this guidebook on Federal housing programs for the mentally disabled. It is designed to provide specific information concerning provisions of various Federal housing programs and their potential for assisting in development of residential options for people disabled by mental health problems. Though intended primarily for program development staff of State and local mental health and rehabilitation agencies, the guidebook should also be useful to individual clinicians, parents' organizations, citizen groups, and others involved in community care.

The need for collaboration between providers of housing and mental health services has been documented in a recent report by the General Accounting Office entitled: "Returning the Mentally Disabled to the Community: Government Needs to Do More." This report pointed up the lack of adequate community living opportunities for people being "deinstitutionalized" from mental health facilities. The report also highlighted potential for assistance through the Department of Housing and Urban Development in meeting these needs.

At the same time, Congress has recognized the need for mental health agencies to become more concerned with housing issues. Public Law 94-63, which amended the Community Mental Health Centers Act, has specific implications for housing-related activities at both the State and local levels.

At the State level, Title I calls for a new type of mental health plan designed not only "to eliminate inappropriate institutional care of people with mental health problems," but also "to assure availability of appropriate noninstitutional care." Clearly, this goal implies attention to community living arrangements. As part of an effort to help States develop workable arrangements of this kind, the National Institute of Mental Health (NIMH) is initiating a small pilot program -- the Community Support Program (CSP). Through CSP contracts, State mental health agencies will design strategies for stimulating "comprehensive community support systems" at the local level. Such systems will be designed to bring together the full range of needed opportunities and services -- with housing as an important component.

At the local level, federally funded community mental health centers are now required under P.L. 94-63 to develop "programs of transitional halfway house services," designed either to serve as an alternative to hospitalization or to help people moving to a higher level of independence.

According to NIMH guidelines, such programs are not limited to halfway houses, per se. They may include cooperative apartments and other similar approaches particularly appropriate for possible Federal housing assistance.

Until recently, few mental health agencies had any experience in use of Federal housing assistance. This has been true in part because mental health providers were not aware of opportunities that existed, and in part because certain aspects of Federal housing laws and policies do not readily lend themselves to the types of programs most needed by the mentally disabled. For these and other reasons, active collaboration between the mental health and housing fields is a relatively new and untested idea at present.

Recent dialogue between mental health and housing agencies at the Federal level gives us much encouragement about the opportunities to forge workable linkages that will measurably expand the housing options available to citizens with disabling mental health problems. The task will not be easy. Special efforts must be made to avoid new forms of exclusion of the mentally disabled -- even in "community" settings. Emphasis must be given to developing small scale, normalizing environments.

Those in the mental health field have moral, legal and programmatic responsibility to begin moving in this direction. We hope this guidebook will be a step toward translating possibilities into effective programs that better meet the needs of our mentally disabled citizens.

Joseph A. Califano, Jr.

Joseph A. Califano, Jr.

INTRODUCTORY REMARKS

PATRICIA ROBERTS HARRIS, SECRETARY

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

We at the Department of Housing and Urban Development are pleased to cooperate in the preparation of this guidebook. We believe that mentally handicapped individuals should be permitted to lead more normal lives in our communities, and that we can aid significantly in the realization of this goal by assuring that adequate shelter is provided.

The extension of such assistance to the mentally handicapped is a relatively new area in HUD. The 1974 Housing and Community Development Act, P.L. 93-383, made Federal housing programs more accessible to mentally handicapped individuals. This Act removed the term "physical" as a modifier of handicapped, and our General Counsel's Office ruled that the mentally ill are eligible recipients of assistance under the Section 8 and the traditional Public Housing programs. We believe that other HUD housing programs and assistance for community facilities may also be available for the mentally handicapped.

Our Department has recently responded to the General Accounting Office report, "Returning the Mentally Disabled to the Community: Government Needs to Do More." In our response, we indicated our commitment to move vigorously in the area of deinstitutionalization by removing past impediments to progress and providing stronger central office leadership. Toward these ends, on June 6, 1977, we created a new Office of Independent Living in the Office of the Assistant Secretary for Housing, our major housing production division. We will be publishing soon an amendment to the current Section 8 existing housing program. Small group homes and community residences with shared kitchen and bathroom facilities will be eligible and viable housing options under the amendment. We also have been consulting with the National Institute of Mental Health in recent months to explore methods to expand and coordinate our mutual efforts.

This guidebook has been reviewed by staff in our Office of Policy Development and Research and in our Office of Housing for basic accuracy. While we cannot certify to every statement made regarding Federal housing programs, we believe the document will be a useful tool for those beginning the process of securing shelter for mentally handicapped citizens. We also hope it will serve to familiarize housing officials with some of the needs and opportunities in the mental health field.

Patricia Roberts Harris

Patricia Roberts Harris

HOW TO USE THE GUIDE

The following guide is designed to provide the reader with specific information about the requirements and provisions of various federal housing assistance programs and their direct relevance to the creation and support of residential options for the mentally ill. Additionally, the guide provides a series of strategies which will be useful to state and local mental health agencies in their pursuit of federal housing funds. The appendices include important supplemental materials and references. The following is a chapter by chapter description of the contents of the guide.

Chapter I: Descriptive Overview of Potentially Relevant Federal Housing Provisions

A thorough reading of this chapter will be necessary for those who are unfamiliar with federal housing programs. It is organized according to specific areas of housing assistance and lists the legislative authorization and level of appropriation where appropriate. The authors have purposely devoted one entire chapter to program descriptions since there are many complex provisions and qualifications which apply in each area.

Even though this chapter is fairly detailed, it should be viewed as an introduction to federal housing assistance. There are many more subtle distinctions and requirements which the reader may only fully understand after reading some of the additional materials in the bibliography.

It is suggested that you read through this chapter once and then refer back to appropriate sections as individual programs are mentioned in Chapter II. In this way the reader who is new to this area will have the funding assistance descriptions fresh in his or her mind.

Many of the words and phrases used in Chapter I may be unfamiliar. These more technical terms are italicized and are defined in the Glossary. It may be important to consult the Glossary while reading this chapter since many of these terms are used throughout the report.

Chapter II: Funding Alternatives for Specific Residential Options

In this chapter, specific HUD funding options are linked to a range of alternative community living arrangements. These types of residential programs are grouped under generic categories:

individuals living alone or with a roommate(s), individuals living in small groups, and individuals living in care facilities.

The following is a list of the various residential options included in each category, with a brief operational description and an example of existing programs in each case:

-- Individuals living alone or with a roommate(s)

1. Individual/shared private home or apartment--An independent living situation with little or no direct agency supervision where clients require only periodic visits from agency staff--if at all.

2. Cooperative apartment--A living arrangement in an apartment facility which is supervised by professional or paraprofessional staff living in a separate or adjacent apartment or living off the grounds of the facility. Cooperative apartments may be single units, grouped in a cluster in the complex, or scattered throughout the building(s). Cooperative apartment living may include a rehabilitation and training component, and the degree of direct supervision varies with the level of disability of the client. Supervision may be tapered off as the client's ability to live independently increases. (Example: St. Louis Community Homes Program, St. Louis, Missouri; Fountain House, New York, New York)*

-- Individuals living in small groups

1. Halfway house--A group residential program usually housing from sixteen to twenty-five residents which is staffed by professional or paraprofessional staff who live in the facility. Halfway houses provide a therapeutic and rehabilitative environment, a homelike atmosphere, supervision (if needed) in activities of daily living, and the opportunity for community involvement. Although most halfway houses are transitional

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*See: Hilary Sandall, M.D., "Community Alternative in Mental Health Care," Paper Victories and Hard Realities, ed. Valerie J. Bradley and Gary J. Clarke (Georgetown University Health Policy Center: Washington, 1976); also, John Goldmeier, Ph.D., New Directions in Aftercare: Cooperative Apartment Living, Mental Health Study Center, National Institute of Mental Health, Adelphi, Maryland.

short-term, some allow for indefinite stays. (Examples: Horizon House, Philadephia, Pennsylvania; Woodley House, Washington, D.C.)*

2. Group home--A group home is a smaller living arrangement set up specifically to create a family-like environment. Supervision is provided by live-in staff who assist the residents in the development of self-help and social skills. Supervision may be reduced as the client becomes more independent. Residents are encouraged to engage in activities outside the home. A group home placement is usually seen as a transitional step, but some residents may live in such facilities indefinitely. (Example: Central Bergen Community Mental Health Center, Paramus, New Jersey)

3. Lodge--A small group living arrangement in which the residents participate in cooperative living and work arrangements. Lodges are supervised by staff in the early stages with the expectation that the facility will be managed solely by the client group. Residence in a lodge is by and large long term.**

4. Board and Care--In this case, an individual provides room and board and general oversight in return for a payment from the client. The caretaker usually is providing these services in his or her own home.***

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[*] See: Raymond H. Glasscote, et al., Halfway Houses for the Mentally Ill: A Study of Programs and Problems, Washington, D.C., The Joint Information Service of the American Psychiatric Association and the National Association for Mental Health, 1971.

[**] See: G.W. Fairweather, et al., Community Life for the Mentally Ill: An Alternative to Institutional Care (Chicago: Aldine, 1969).

[***] Some innovative work has been done in training of board and care operators. A curriculum for this purpose was developed in California utilizing both television and classroom instruction. For more information on these materials, titled "New Directions in Community Care," contact Larry Fielder, 1662 Kearney Street, San Francisco, California, 94133; or Dr. Stuart Cooney, Instructional Television Consortium, California State College at Sonoma.

-- Individuals living in care facilities

1. Intermediate care facility--A residential program which is licensed by the state to provide health-related care and services to disabled persons who do not require intensive medical care in a skilled nursing home or hospital. Residents of ICF's require periodic but not twenty-four hour nursing care. ICF's can be certified facilities under Title XIX under the Social Security Act.

2. Skilled nursing facility--An inpatient facility for disabled persons who require skilled nursing and related medical care or intensive rehabilitation. SNF's provide twenty-four hour nursing supervision and each resident is under the care of a physician. Such facilities cannot be primarily for the care of the mentally ill. SNF's can also be certified under Title XIX as well as Title XVIII of the Social Security Act.

There is one remaining category of programs which the authors have chosen not to include in Chapter II--individuals living in large, segregated, non-medical facilities. Although HUD funding is available for the development of large complexes for the elderly and the handicapped, such a facility would in essence constitute a "mini-institution" if it was populated solely by the mentally ill. This is not to say that some special populations, such as the physically handicapped or elderly mentally ill, could not benefit from placement in a more generic facility of this kind.

In reading Chapter II, it should be kept in mind that the reader's capacity to utilize a specific federal program will depend on the scope and complexity of the project or activity, and on the characteristics of the clients to be served. It is incumbent on the reader initially to determine the type of residential program he or she is interested in before consulting the range of HUD options available. Each of the programs requires varying amounts of time, money, and sophistication so that the reader must also take into account his or her resources and commitments before pursuing a particular option.

It should also be noted that the funding options and residential alternatives included in Chapter II are only a portion of the programs and resources needed for a total support system. Case management, medical care, income maintenance, resocialization, medication supervision, vocational rehabilitation, etc, are all potentially significant services which an individual may require.*

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*For a description of a program designed to train returning

The development of a comprehensive support service plan, however, will be a persuasive element in any negotiations with local housing authorities, state public housing agencies, HUD area offices, or landlords. Depending on the type of funding pursued, each of these entities will be reassured by the active presence of responsible support services agencies. Such agencies should be capable of providing the necessary level of supervision over the client's well-being in the living arrangement.

This chapter is divided into three major sections which coincide with the generic living arrangements described. Each of these sections is further broken down into actions which an individual client or agency can take to secure housing. These actions include assisting single clients to find housing, developing small group living arrangements in existing facilities, constructing new housing,and so forth.

Under each of these approaches are specific funding options which can be used to pursue the particular course of action. Each option refers the reader back to Chapter I for a more detailed discussion of the specific funding program. Options include summary statements regarding the funding source, auspices, eligibility, prerequisites, and the appropriate section in Chapter III which outlines strategies for securing funds.

Almost every funding option is accompanied by one or more hypothetical or actual examples of the application of the housing assistance program being discussed. At the conclusion of each option is a statement of particular advantages or disadvantages to the approach.

The Table of Contents may be useful to the reader in selecting those portions of Chapter II which will be most relevant to his or her concerns.

Chapter III: Funding and Advocacy Strategies for State and Local Agencies

This final chapter summarizes various strategies which state and local agencies can apply to the process of securing funds and in the development of residential programs. It includes sections on other avenues of federal funding, the role of the

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institutional residents in the skills of community living, see: Mary Ann Test, Ph.D. and Leonard Stein, M.D., "Practical Guidelines for the Community Treatment of the Markedly Impaired Patient," Mendota Mental Health Institute, Madison, Wisconsin.

state mental health authority, participation in the local housing planning process, steps necessary to secure housing assistance payments, advice on building, and suggestions on zoning and other residential restrictions.

Appendices

A. Glossary--This is an alphabetized list of all the italicized words that appear in Chapter I of the guide.

B. Bibliography--The bibliography includes an annotated list of relevant housing publications and literature on residential programs.

C. A list of key people in HUD area and regional offices.

D. A list of State Housing Finance and Community Affairs Departments.

E. A table showing the regional allocations of Section 8 and new traditional public housing funds.

F. A list of relevant projects cited in the guide with names and addresses.

G. Letter of Opinion from the Office of the General Counsel of HUD affirming the eligibility of the mentally ill for Section 8 and traditional public housing programs.

CHAPTER I

DESCRIPTIVE OVERVIEW OF POTENTIALLY RELEVANT FEDERAL HOUSING PROVISIONS

Introduction

In August 1974, President Ford signed the Housing and Community Development Act (Public Law 93-383) which signalled a major breakthrough for handicapped persons seeking Federal housing assistance. The 1974 law broadened accessibility to such programs by expanding the definition of "handicapped"* and by requiring local communities to include the needs of disabled persons in housing assistance plans. Although the Act did not mandate housing as an entitlement for the handicapped, it did reaffirm their eligibility for such programs.

Though the definition of handicapped was broadened in the Act, the eligibility of persons with emotional and psychiatric disabilities was not specifically spelled out. To date, many localities have been reluctant to include the mentally ill as an eligible group, and HUD and regional office personnel have also raised questions about the intent of the Act regarding the mentally ill. Inquiries have resulted in a clarification of eligibility in this area. On November 8, 1976, HUD's Assistant General Counsel's Office for Public Housing issued a "letter of opinion" recognizing the eligibility of mentally ill persons in HUD's Section 8 rent subsidy program and traditional public housing (see letter in Appendix G).

The letter affirms the intent of HUD to include mentally ill persons under the definition of (1) "disability" (defined in Section 233 of the Social Security Act) and (2) "handicapped" as provided for in Section 3(2) of P.L. 93-383 which states that a handicap is an impairment which is (1) expected to be of long, continued duration; (2) substantially impedes his/her ability to live independently; and (3) could be improved by more suitable housing conditions. It is anticipated that HUD will soon issue regulations further clarifying the eligibility of the mentally ill for purposes of all relevant Federal housing programs. Until that time, the eligibility of mentally ill persons has been sufficiently delineated to provide a sound basis for pursuing housing assistance for this group of handicapped persons.

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*The definition was changed with the removal of the term "physical" as a modifier of handicapped, and with the addition of the developmentally disabled as a specifically eligible group.

This chapter is a necessary preface to the guide since it familiarizes the reader with the variety of available federal housing programs and the specific requirements for securing funding under each. An understanding of these provisions is an important prerequisite to matching client housing needs to particular forms of assistance--a discussion of which is included in the following chapter.

The chapter describes eight federal housing programs:

A. Community Development Block Grant Program
B. Housing Assistance Payments Program (Section 8 rent subsidies for existing, newly constructed or substantially rehabilitated housing)
C. Traditional Public Housing
D. Section 202
E. Section 235 home ownership subsidy program and V.A. home loans for disabled veterans
F. Section 515 rural loans
G. HUD/FHA Mortgage insurance programs
H. Intermediate care and skilled nursing facilities

It closes with a discussion of state housing agency programs.

A. Community Development Block Grant

Legal Authorization: Title I, P.L. 93-383
Appropriation: Approximately $3.1 billion for FY1977

One of the more significant mandates in P.L. 93-383 is the development of a local *community* development program. There are two components of this mandate: (1) a three-year community development (CD) program, and (2) a local housing assistance plan (HAP).

Funds for *community development (CD)* are allocated as *block grants* to eligible units of government. Eighty percent of all funds are distributed to metropolitan areas and twenty percent to non-metropolitan areas based on a formula which includes population, poverty, and extent of housing overcrowding.

1. Community Development Activities

Communities may include the following eligible activities in their CD applications--the funding of which is contingent on HUD's final approval:

-- Acquisition, construction, rehabilitation or installation of neighborhood facilities, parks, playgrounds, and other recreational facilities, senior centers, and *centers for the handicapped.*

-- Removal of material and architectural barriers.

-- Payment of non-federal (local match) funds required to obtain a federal grant-in-aid program, which is part of the CD program, and which is an otherwise eligible activity under the CD program.

-- Support for any activity currently being carried out as part of a Model Cities program funded by HUD.

-- Payment of reasonable administrative costs and charges related to planning and execution of community development and housing activities.

-- Development of public services in the designated CD area for which other funds are inadequate and/or unavailable, which are important for the support of other CD or other community service programs (such as day care, drug abuse, health, etc.)

As mentioned in the above list, centers for the handicapped have recently been made an eligible activity in the CD program. New regulations were published in the Federal Register, Volume 42, No. 74, Part III, on April 18, 1977. According to the regulations, the term "'center for the handicapped' shall mean any single or multipurpose facility which seeks to assist persons with physical, mental, developmental and/or emotional impairments to become more functional members of the community by providing programs or services which may include, but are not limited to, recreation, education, health care, social development, independent living, physical rehabilitation and vocational rehabilitation; but excluding any facility, the primary function of which is, to provide residential care on a 24-hour day basis (such as a group home or halfway house)."

Although there are numerous activities that can be included in a CD application, other types of activities are not eligible for CD assistance. Generally, all public works, facilities and site or other improvements are ineligible unless specifically mentioned in Federal Regulations (see Federal Register, Volume 41, No. 12, January 19, 1976). For example, hospitals, nursing homes, and schools are not eligible under a CD block grant, but certain medical and/or vocational services could be included under CD if they are part of a center for the handicapped or senior center.

Other activities that are ineligible for CD assistance include: equipment, operational or maintenance expenses, and construction of any permanent residential structures. (See National

Association of Housing and Redevelopment Officials [NAHRO] A Chart Book on How to Plot a Local Community Development Course for more detailed information.)

All activities sponsored under a CD program must be publicly-owned. However, in the supplementary information section of the April 18 regulations, HUD recognized "that many services provided by centers for the handicapped have traditionally been performed by private groups and non-profit agencies. Although ownership of a center for the handicapped assisted under this Part cannot be vested in such a private group or non-profit agency the operation of such a facility on behalf of a public body by private or non-profit groups would be acceptable."

2. Local Housing Assistance Plan (HAP)(Title I and Section 213 of Title II, P.L. 93-383)

When communities apply for a block grant, they must submit a CD application which includes a *Local Housing Assistance Plan (HAP).* All funds for CD block grants or for any of HUD's subsidized programs (e.g., public housing, home subsidy programs, Section 202 and Section 8) are contingent on an approved local housing assistance plan. A HAP requires:

-- a survey of local housing conditions;

-- a determination of local housing needs, including those of the elderly and the handicapped.

-- specific, realistic annual goals for providing various kinds of housing assistance to low-income families, including the elderly and handicapped.

-- identification of general locations for proposed assisted housing;

-- provision for citizen participation in the development of the plan.

Once a local HAP has been developed, it is submitted as a part of the CD grant application to the HUD area office for approval. Applications for all HUD programs (Section 8, Section 235, public housing, and Section 202) are subject to review by the area office and must be consistent with the needs identified in the HAP.

Housing sponsors applying for federal assistance do not need to be included in the local HAP if:

-- housing assistance application involves twelve or fewer units;

-- housing is in a federally-assisted new community;

-- housing is financed by loans or loan guarantees of a state or state agency (except where a community objects to this exception).

If a housing sponsor lives in a community that is not required to submit a local HAP, that agency or organization will need to work directly with either the HUD area or regional office, local housing authority (if one exists) or other appropriate local entity, or the state housing agency to secure federal assistance.

B. Housing Assistance Payments Program

(Section 8 rental subsidies for existing, newly-constructed or substantially rehabilitated housing)
Legal Authorization: Title II, Section 201, P.L. 93-383 (as amended)
Appropriation: Approximately $520 million for FY1977 (See Appendix for regional breakout of Section 8 allocations)

The Department of Housing and Urban Development administers a rental assistance program which is known as the Section 8 Housing Assistance Payments Program. Within the Section 8 program, there are several programs that can be combined to create a variety of living arrangements. Section 8 can be used with existing housing, newly constructed or substantially rehabilitated housing, or in combination with state housing agency programs.

Before Section 8 can be used with any type of program, there are specific regulations and criteria which must be met. The *Public Housing Agency (PHA)* administering the program may qualify persons for Section 8 if they are *disabled* as defined in the Social Security Act or the Developmental Disabilities Act, or they are *handicapped*.

As provided in P.L. 93-383, a person or persons must also constitute a *family* which is defined in the law as a single handicapped person, two or more handicapped persons living together, or one or more persons living with a handicapped person who are essential to his/her well-being.

Section 8 rental subsidies may be secured by eligible persons whose annual income does not exceed eighty percent of the median income for the locality. For example, the income limits for low-income clients using Section 8 in existing housing in the Dallas-Fort Worth area are $6,700 for one person and in Washington, D.C., an individual qualifies as low-income if his or her income is less than $9,050.* Owners of Section 8 projects must also rent at least thirty percent of their units to clients who are very low-income (i.e., whose income does not exceed fifty percent of the median income of the locality).

The amount of federal assistance that can be provided for a housing unit will be equal to the difference between the approved *Contract Rent* for the unit and the individual's required contribution to the rent. Eligible clients will have to contribute at least fifteen percent but not more than twenty-five percent of their total income to the rent. Based on an individual's income HUD is authorized to lower the contribution level to fifteen percent for persons with excessive medical or other expenses. However, twenty-five percent is the more typical required contribution level. Any rent that is approved for the housing unit cannot exceed HUD's established *Fair Market Rents* which includes utilities. HUD can raise the Fair Market Rents up to twenty percent in an area where special circumstances warrant such an increase. Although the maximum increase (20 percent) is difficult to obtain, a ten percent increase in Fair Market Rents is granted quite frequently. In handicapped clients seeking a Section 8 unit, an automatic five percent increase in Fair Market Rents is allowed. For example, depending on the median income of a locality and the established Fair Market Rents, an individual eligible for a Section 8 subsidy in existing housing whose total annual income is approximately $4,000 could rent an approved one-bedroom elevator apartment for $153 and pay no more than twenty-five percent of his/her annual income, or approximately $83 per month.

In order to apply for a Section 8 subsidy in existing housing, an individual either acting on his or her own behalf or assisted by an agency must apply to the PHA administering the Section 8 program for a *Certificate of Participation.* The PHA could be the *Local Housing Authority (LHA)*, the county welfare department, the regional economic development district, or the state housing agency.

The individual may then choose any suitable and available living unit within the locality which the owner is willing to rent. If income eligible an individual can also secure Section 8 for the unit he/she is currently occupying. The PHA will inspect the unit to make sure that it is in a safe and sanitary condition, and within the Fair Market Rents established by HUD. In existing housing, HUD regulations state that the term of the lease between the owner and the individual cannot be for less than one year nor for more than three years.

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*These income limits may not reflect this year's median income levels.

The *Housing Assistance Payments Contract* will coincide with the term of the lease and will not exceed three years. However, if the PHA has sufficient funds, a new lease and contract may be entered into for additional five year periods for up to fifteen years.

A different process occurs when a Section 8 subsidy is used in conjunction with newly-constructed or rehabilitated housing. The potential owner of a new project must apply to the PHA or to the HUD Area Office (where no PHA exists) for an allocation of Section 8 subsidies. If the PHA is developing the project, it must also apply to HUD for such an allocation. This process occurs only after the HUD Area Office has determined a need for new housing in the area and has published invitations for new housing projects. HUD will then provide Section 8 payments to the owners of the projects for units which will be occupied by eligible families.

If an agency wishes to use Section 8 together with a constructed or substantially rehabilitated project, it must obtain its' own *construction and permanent financing* through other Federal, state or local sources (described further under this section). No HUD financing mechanism exists within the Section 8 program that can help purchase, construct or rehabilitate housing. Section 8 rent subsidies, however, can be used in conjunction with other HUD programs (Section 202 loans or Section 231 HUD/FHA Mortgage Insurance) and/or, subject to HUD approval, as security for obtaining other financing.

HUD authorizes new construction only where it determines there is not an adequate supply of housing to meet the needs of eligible individuals or where a proposed project is approved on a priority basis. A Section 8 contract for new or rehabilitated housing can be obtained for a maximum of up to twenty years, and if financed by a state housing agency, the maximum contract is for up to forty years. (See Part C under this section for a more detailed look at state housing agency programs and NAHRO's Answers to Questions on Section 8 Lower Income Housing Assistance: A Guidebook for all Section 8 programs.)

It is important to keep in mind that the use of Section 8 for new or rehabilitated housing will be contingent on the extent to which the proposed residence meets HUD's *Minimum Property Standards (MPS)* and other state and local building, fire, safety, and licensing requirements.

HUD uses three sets of MPS for various types of housing including:

-- one and two single-family dwellings (homes);

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- -- multi-family dwellings (apartments); and
- -- care facilities (ICF's, SNF's).

Agencies that are currently using Section 8 together with new construction or substantial rehabilitation of group homes have had to use HUD multi-family MPS which are not entirely appropriate to the design and program requirements for handicapped clients.

Existing facilities housing Section 8 recipients do not need to comply with the MPS. They must comply with *housing quality standards* which must be met before the PHA enters into a Section 8 contract. For example, each bedroom within a group home or halfway house is currently required to have its own bathroom, stove, refrigerator, sink, and so forth since each bedroom is considered a separate housing unit which in turn must meet the appropriate housing quality standards. Efforts are underway to ease these housing requirements, and it is hoped that HUD will issue regulations that will alleviate the aforementioned constraints to group home living.

C. Traditional Public Housing Program

Appropriations for FY1977: Approximately $76 million for developing and acquiring public housing;* $35 million for modernization, and $575.6 million for operating subsidies for existing public housing (See Appendix E for regional distribution of funds.)

Although the public housing program has existed for many years, it is another example of federally financed housing that can be secured for the target population addressed in this guide. Financial assistance is provided by HUD to Public Housing Agencies--usually the local housing authorities (LHA's)--to plan, build and acquire, own and operate low-rent public housing.

These projects are provided through a number of methods and financed by the sale of bonds and notes by the LHA. Federal annual contributions are provided by HUD to cover the costs of the bonds and notes issued. LHA's are always responsible for the management of the projects even if they decide to contract with other organizations to manage. Rents are established by the LHA and approved by HUD.

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*$76 million is the actual breakout of FY1977 new public housing; the other figures represent the maximum appropriation level authorized by Congress.

Individuals who apply for public housing need to meet certain income limits which are very similar to those required within the Section 8 program. Eligibility requirements regarding what constitutes a family and handicapping condition also apply in public housing.

In a recent proposed regulation on traditional public housing (see Federal Register, Volume 41, No. 224, November 18, 1976) the applicability of Section 504 of the Vocational Rehabilitation Act of 1973 to public housing is made clear.* If this regulation is promulgated, public housing agencies will not be able to discriminate against a qualified handicapped individual because of his/her disability.

Although traditional public housing is primarily thought of as a housing program, the Dallas HUD Area Office has been successful in providing public housing units for non-dwelling purposes--i.e., day care centers and resocialization centers where elderly, handicapped and disabled clients can learn homemaker skills. The Dallas Area Office has set out the various uses of public housing for special populations such as small group homes and other living arrangements in a set of guidelines. Although HUD Central Office has provisionally approved these guidelines for use only within the jurisdiction of the Dallas area, organizations and agencies in other parts of the nation have found them to be of significant value in dealing with their HUD officials and other agencies.

D. Section 202 Program for the Elderly and Handicapped

Legal Authorization: Section 210 of P.L. 93-383, as amended
Appropriation for FY1977: Approximately $750 million

HUD's Section 202 programs for new or rehabilitated housing for elderly and handicapped individuals provides direct loans to eligible housing sponsors. Permanent financing, that is financing for the cost of housing construction and mortgage, is available to qualified non-profit organizations or cooperatives under 202. Loans can be used for the construction or rehabilitation of a broad range of rental housing facilities.

Once a housing sponsor has been approved for a 202 project and funds have been reserved for the project, an application for Section 8 rental subsidies must be submitted.* A minimum of twenty percent of all units within a 202 project must be used for Section 8 rental subsidies. A 202 project can be one hundred percent Section 8 rental subsidy units.

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*For further information, see: Federal Register, December 16, 1976.

In Fiscal Year 1977, Section 202 projects were approved and funded by the Central HUD Office in Washington, D.C. There has been some discussion as to whether or not the field offices will be selecting and funding all 202 projects in Fiscal Year 1978.

HUD administers a seed money loan program (Section 106(B)) which is available to Section 202 applicants to cover the cost of preliminary expenses in developing a housing project. Section 106(B) loans are interest-free and can cover up to eighty percent of eligible preliminary expense, such as architectural fees, land options, etc. Regulations concerning this program have recently been published and a HUD handbook will soon be issued, further describing the program. Although the 106(B) program has not been freely utilized to this date, it is anticipated that funds will be made available in the near future.

E. Section 235 Home Ownership Program and V.A. Home Loan Program

An individual who would like to purchase or rehabilitate his/her home may be eligible for a Section 235 home ownership subsidy. For instance, a single handicapped person can qualify for Section 235. However, two or more unrelated handicapped individuals are ineligible for such a program.

Section 235 provides a below-market interest rate subsidy for a maximum term of thirty years. The depth of the subsidy depends on the income of the prospective buyer who must spend at least twenty percent of his/her income for housing. Income limits for the program are generally at eighty percent of the median income of the area ($9,000 to $11,000 is an average income range). In addition, only new or substantially rehabilitated single family units where construction or rehabilitation started after October 17, 1975, are eligible for subsidies.*

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*New guidelines may be issued in the near future which will require the Section 8 application to be submitted simultaneously with the 202 application. These guideliens will also stress the importance of the project design as well as the adequacy of the sponsor.

*See: "Fact Sheet on Section 235," published by the

Another program directed at home ownership is available to disabled veterans who may be able to procure a Veterans Administration (V.A.) home loan to purchase a suitable single-family dwelling. The V.A. provides a grant or cash reimbursement to eligible recipients which is one hundred percent subsidized.

F. Section 515 Rural Rental Housing Program

Legal Authority: As amended in Title V, P.L. 93-383

In rural areas, HUD and the Farmers Home Administration Program (FmHA) of the Department of Agriculture can provide direct government loans for up to forty years to non-profits, profits, cooperatives, or other public agencies under the Section 515 rental housing program. The Section 515 program permits housing sponsors to purchase, build, or rehabilitate buildings to house rural clients. According to proposed regulations recently published, it is possible to combine Section 515 projects with Section 8 rental subsidies (see Federal Register, October 23, 1976).

Although there are no specific restrictions regarding the use of the Section 515 program for handicapped or disabled clients, inquiries regarding specific types of 515 projects should be made at the nearest FmHA state or local office.

G. HUD/FHA Insured Mortgages

It is possible that some HUD/FHA mortgage insurance programs may be used by agencies seeking to construct or rehabilitate housing for mentally ill clients. However, further inquiries may need to be made at the HUD field or insuring office (where appropriate) regarding the availability of mortgage insurance for such projects. Programs such as the Section 231 mortgage insurance for multi-family rental housing for the elderly and handicapped and others permit HUD to insure private mortgages for newly constructed and substantially rehabilitated housing.* Generally, an agency seeking long-term financing will need to secure a private mortgage from a local lending agency (i.e., con-

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Housing Council of Niagra Frontier, Inc., Volume 3, No. 5 Housing Perspectives.

*At the time of this writing, it was not known whether ventional bank, savings and loan) and, if eligible, guarantee that mortgate under a HUD/FHA insurance program.

Although the Section 231 mortgage insurance program is not a subsidized program, it can be combined with Section 8 rental subsidies. Section 231 provides up to one hundred percent of the mortgage insurance for non-profit sponsors and ninety percent insurance to profit sponsors. Each Section 231 project must contain eight or more housing units.

H. Intermediate Care Facilities and Skilled Nursing Facilities

The construction and improvement of Intermediate Care Facilities (ICF's) and Skilled Nursing Facilities (SNF's) can be insured through the HUD/FHA Section 232 mortgage insurance program. Both non-profit and profit sponsors are eligible for this program. The mortgage insurance may cover costs of new construction or rehabilitation of existing buildings, and it may not exceed a forty year term. The project must also include at least twenty beds.

Costs of equipment for operating the care facility are taken into consideration in determining the amount of mortgage insurance granted. Within this limit, the highest insurable mortgage amount for proposed construction is ninety percent of the HUD/FHA estimate of value.

An agency interested in this program should first consult with a local lending agency and then contact the HUD field office or insuring office for further information.

In addition to the federal programs described in this chapter, there may also be housing programs at the state government level that can be used in developing residential arrangements for mentally ill clients.

The particular state programs described in Chapter II are examples of what state agencies can develop either through their own resources or combined with federal programs such as Section 8.

Section 231 and other HUD/FHA mortgage insurance programs could be used for developing housing projects for the mentally ill. Again, based on the recent legal opinion issued by HUD regarding eligibility of the mentally ill under Section 8 and traditional public housing, it is assumed that, hopefully, such eligibility would extend to other HUD programs.

Many states have created housing finance and development agencies (referred to as HFA's) which are generally independent state authorities directly responsible to the governor which enables them to have more administrative flexibility. Many HFA's develop housing by using their bond financing mechanism with a tax exemption to provide loans to developers of housing at below market interest rates.

Several HFA's have also been able to combine their financing program with their allocation of Section 8 housing assistance projects to provide alternative living arrangements for handicapped and disabled clients. One HFA has used its Section 8 allocation--together with new construction, substantial rehabilitation, and existing housing--for disabled clients. Every HFA, however, designates its own priorities in financing and developing housing and in some cases just may be prohibited from developing the kinds of projects described. Other state agencies can apply for Section 8 allocations as long as they qualify as a Public Housing Agency (PHA), and the state has enabling legislation permitting them to undertake housing activities. For example, State Departments of Community Affairs may have housing programs and thus could be eligible to receive and distribute Section 8 housing assistance projects.

The New Jersey Department of Community Affairs is administering a Section 8 program for existing housing and has included all types of handicapped clients within the program design (see: Chapter II for further detail).

Appendix D gives a list of state HFA's and Departments of Community Affairs.

CHAPTER II

FUNDING ALTERNATIVES FOR SPECIFIC RESIDENTIAL OPTIONS

Introduction

Residential options for adults with disabling mental health problems can be classified into three general client living arrangements. The three areas include: (1) individuals living alone or with a roommate(s), (primarily in multi-family [apartment] dwellings or in their own [single-family] homes); (2) individuals living in small groups (primarily in single-family dwellings); and (3) individuals living in care facilities (ICF's, SNF's).

Several funding possibilities are discussed in each section and they will be introduced as specific options. Each option is prefaced by a short summary statement indicating the specific funding source, program auspices, eligibility, prerequisites for funding, and the necessary strategy for pursuing the option. The advantages and disadvantages of each approach will be outlined and programmatic examples are included. Finally, each option includes a reference to that section of the previous chapter which outlines the provisions of the specific funding program.

A. Individuals Living Alone or with a Roommate(s)

Clients in this category include those renting or buying a private home, sharing or living alone in an apartment, or residing in a cooperative or sheltered apartment. Because some individuals within this group will be acting on their own behalf, we have described the steps which can be taken by both individual clients and mental health agencies in securing funding.

1. How Clients Can Move to More Independent and/or Desirable Living Arrangements

There are numbers of current or recent recipients of mental health services who may wish to improve or change their living situation or who are in jeopardy of being forced out of their current residence because of insufficient funds. Some of these clients may be living in substandard board and care facilities, or may be residents of transitional facilities and are ready to move to a more independent living situation. Others may be capable of buying their own homes.

a. Option: Section 8 in existing housing/individual clients (See Chapter I, Part B)

-- Funding Source: Section 8 for existing housing.

-- Auspices: Public Housing Agency responsible for administering a Section 8 program for existing housing.

-- Eligibility: Low-income.

-- Prerequisites: Certificate of Participation, cooperating landlord, available and approved housing unit.

-- Strategy for Pursuing this Option: See Chapter III, Parts C & D.

HUD's Section 8 rental subsidy for existing housing can be used to supplement rents in any apartment unit within a locality, including a private housing development or any controlled unit within a private development as long as any of these units charge rents at or below the Fair Market Rent for that area and meet HUD's housing quality standards.

EXAMPLE: Mary D., institutionalized for seven years, has been residing in a psychiatric halfway house for the past six months and would like to find her own place to live. Together with a small income from a job-training program and her SSI check, she would like to relocate to a garden-type apartment, but needs additional funds to pay the rent. She can apply directly to the Public Housing Agency (PHA) for a "Certificate of Participation" enabling her to receive a Section 8 rental subsidy to make up the difference between fifteen to twenty-five percent of her income and the Fair Market Rent established for the type of housing unit she is seeking. She then must locate an agreeable landlord who is willing to rent her a unit under the Section 8 program. Once an agreement has been reached between the landlord and Mary D., the PHA will inspect the unit and sign a contract with the landlord agreeing to mail him/her the Section 8 subsidy every month for a specified term.

If Mary D. is already renting an apartment unit or her own home and can meet all other income and eligibility requirements set by HUD for the Section 8 program, she can apply to the LHA or the state housing agency if necessary for a Section 8 subsidy.

Advantages (Section 8 in existing housing/individual clients)

-- offers flexibility in choosing a living environment;

-- provides an eligibility standard that moves with the client and is not attached to a specific training project;

-- reflects a more normalizing and generic program that applies to all low-income persons, not just the mentally ill;

-- allows for the integration of mentally ill persons into regular housing projects;

-- permits client to remain in current living arrangement if it fulfills all requirements.

Disadvantages (Section 8 in existing housing/individual clients)

-- entails potentially time-consuming and frustrating negotiations with the LHA or individual landlords;

-- involves possible difficulties in finding an acceptable apartment unit at or under the Fair Market Rents (especially in high cost-of-living areas);

-- includes long waiting lists for a Section 8 subsidy in areas of the country where allotments of Section 8 are already committed;

-- presents difficulty in implementing program in areas where low vacancy rates prevail.

b. Option: Traditional Public Housing/individual clients (See Chapter I, Part C)

-- Funding Source: HUD Traditional Public Housing

-- Auspices: Public Housing Agency (usually Local Housing Authority)

-- Eligibility: Low-income (income limits vary by locality).

- -- Prerequisites: Application to LHA for an available vacant unit within any Public Housing Project in the locality.

- -- Strategy for Pursuing this Option: See Chapter III, Part C.

HUD's Conventional Public Housing Units (i.e., those that are owned and managed by the LHA or managed by other organizations) are available to individuals in the locality who meet the income eligibility requirements for that area. LHA's may be able to offer single-family dwellings (homes) as well as apartments units which are available under their public housing program.

It should be noted that in the recent past many local housing authorities have constructed units which differ from the massive projects which in some areas have come to characterize public housing. These new units are smaller and many are indistinguishable from private housing and apartment developments. Mary D., described in the earlier example, could apply for a public housing unit through her LHA if she is income eligible.

Advantages (public housing/
individual clients)

- -- eliminates the need to find an agreeable or participating landlord, if LHA owned projects have available units;

- -- offers the possibility of health and other services being provided on the premises of public housing projects;

- -- includes, under certain circumstances, the requirement that a PHA give preference to single elderly, handicapped or disabled persons.

Disadvantages (public housing/
individual clients)

- -- involves the possibility of long waiting lists;

- -- may add the potential stigma of residing in a public housing project to the stigma associated with being a former mental patient.

c. Option: Buying or building a private home/individual clients (See Chapter I, Part E)

-- Funding Sources: HUD's Section 235 Home Ownership Subsidy Program, and Veterans Administration Home Loan Program for disabled veterans.

-- Auspices: HUD area or regional office or nearest V.A. office.

-- Eligibility: Low income range for Section 235; V.A. certification of medical disability for Home Loan Program.

-- Prerequisites: Section 235 requires recipients to expend at least twenty percent of their income for housing related expenses to remain eligible; V.A. requires a continuing medical disability.

-- Strategies for Pursuing this Option: See Chapter III, Part C.

These two programs are primarily relevant to former clients whose income and level of functioning are sufficiently high to allow them to enjoy independent living. They are also attractive for middle income families of adults with disabling mental health problems who require subsidies for home ownership in order to offset the cost of treatment and other support services.

2. How Mental Health Agencies Can Secure Funds for Individuals or Groups of Clients

Individuals, advocacy groups or mental health agencies can also facilitate the placement or maintenance of individuals in their own homes or in apartments including cooperative and sheltered arrangements. Such activities may include "running interference" for one client trying to secure housing assistance or may involve the development of an agency-sponsored program housing several residents.

a. Option: Section 8 for existing housing/agencies assisting clients (See Chapter I, Part B)

-- Funding Source: Section 8 for existing housing.

-- Auspices: PHA responsible for administering the Section 8 program for existing housing.

-- Eligibility: Clients must be low-income.

-- Prerequisites: Certificate of Participation from PHA, suitable living unit and agreeable landlord.

-- Strategy for Pursuing the Option: See Chapter III, Parts B, C, D, and New Jersey example (pp. 20-23).

Sub-Option: Leasing

One way an agency can utilize Section 8 in existing housing is to lease one or more units and sub-let the space to its clients. Agencies can also take advantage of space leased by the PHA with non-federal funds. Though Section 8 cannot be used in traditional public housing, it can be used in PHA controlled units outside of federally-funded projects. The following example describes how one agency was able to secure units under the latter arrangement.

EXAMPLE: The Pittsburgh Local Housing Authority recently leased sixty Section 8 apartments within West Gate Village, a two hundred-sixty unit private housing development. The United Cerebral Palsy Association of Pittsburgh negotiated with the LHA for fifteen of those units which are scattered throughout the complex. Approximately thirty physically and developmentally disabled adults have signed their own rental agreements with the LHA for Section 8 and will receive rent supplements to make up the difference between their contribution, which has been set at twenty-five percent of their income, and the total rent. Staff also resides in one of the units and specialized ancillary/transportation services are provided. For more information contact Al Condeluci, Adult Program Director, UCPA, Pittsburgh, Pennsylvania.

Sub-Option: Contracting

A mental health agency or advocacy group can also contract with the owner of a housing project (either a PHA or a private entity) to manage part or all of a facility and lease units directly to its clients. Rents again can be offset by Section 8 payments.

Sub-Option: Negotiating

Agency personnel can also serve as "brokers" for clients attempting to negotiate with PHA's for a Certificate of Participation and with potential landlords. Where an agency is itself a landlord (i.e., it owns apartments or single-family dwellings), it can negotiate with the PHA for Section 8 certification for such units.

EXAMPLE: A psychiatric halfway house in South Boston, Massachusetts, has negotiated with the Boston Housing Authority for Section 8 subsidies for its 21 clients residing in seven apartment units which are owned by the agency. Although the clients have been approved for Section 8, no payment has been received from the housing authority to date.

Sub-Option: State Housing Assistance

Finally, a local mental health agency can negotiate with a state-level agency responsible for managing Section 8 to provide a portion of these funds to its mentally ill clients. In many states this department is the housing finance and development agency. In New Jersey, the Department of Community Affairs also shares responsibility for administering Section 8. The following case example, based on the New Jersey experience, provides a more detailed look at how a CMHC has been successful in securing Section 8 subsidies for its clients under state auspices.

EXAMPLE: State Community Affairs Department/Local CMHC

"Are you physically handicapped? mentally handicapped or have you suffered mental illness? Do you long for a place of your own in a regular neighborhood? Perhaps you qualify to take part in the new Rental Assistance Program (known as RAP)...."

This invitation is part of a fact sheet distributed by the New Jersey Department of Community Affairs (DCA) regarding participation in its Section 8 program. This relatively new emphasis on housing for the mentally disabled is the result of joint planning for deinstitutionalization carried on by DCA and New Jersey's Department of Institutions and Agencies.

Approximately two years ago, the Department of Institutions and Agencies began to enter into a variety of interagency agreements aimed at securing multiple financing for deinstitutionalization projects. The Department contacted DCA to determine whether federal housing funds could be made available to the mentally disabled under Section 8. DCA applied to HUD for a portion of Section 8 subsidies to be used only for existing housing. So far, the DCA has leased four hundred-ten housing units in four New Jersey counties for all types of handicapped persons, including the mentally ill. The DCA is using this first effort as a "test" to determine how much further to expand the program. For Fiscal Year 1977, DCA has been allocated another 1,400 units for low-income clients, including the handicapped. DCA's Rental Assistance Program gives low-income handicapped people an alternative to dependence on institutional living. By working with other state agencies and local sponsors interested in obtaining Section 8 subsidies, DCA has created a strong administrative program that can deal effectively with local needs as well as providing overall direction to the program. A key variable for any negotiation between DCA and local sponsors has been the provision of adequate social services for the Section 8 clients.

One of the several CMHC's that DCA has worked with is the Hackensack Hospital CMHC in Bergen County. Affiliated with Hackensack Hospital, it is one of the CMHC's responsible for screening patients leaving two state hospitals (Bergen Pines and Greystone State). Hackensack CMHC is also working with the state demonstration programs in deinstitutionalization. As one of the state models, Hackensack receives supplemental resources including Title XX funds.

Called "Project Advance," the Hackensack program consists of (1) a large transitional facility where clients are allowed to stay up to six months--after which time they must move to a more independent living arrangement; (2) a cooperative apartment program housed in garden apartments owned by Hackensack Hospital where clients can reside up to a year; and (3) an independent apartment program where available units are located in the community-at-large for clients who can live independently.

In developing the program, agency personnel had at first ruled out the Section 8 program because they were not aware that the mentally ill could qualify for the subsidies. Hackensack CMHC was subsequently contacted by DCA and was asked whether they wanted to participate in the program. Since July 1, 1976, approximately eight to ten clients were certified for Section 8 and had moved into the community-at-large. Another eight to ten received Section 8 benefits in the hospital-owned garden apartments.

Locating available units and agreeable landlords has been the most difficult part of the project. Hackensack CMHC staff use the following procedure to secure a housing unit:

(1) Staff members--by car and on foot--canvass

appropriate neighborhoods;

(2) All feasible apartments are looked at;

(3) Attempts are made to get appointments with the landlords of selected apartments;

(4) Staff meet with the landlord and discuss the deinstitutionalization effort within the county and the services provided by Project Advance. The provisions and requirements of the Section 8 program are also discussed in addition to the potential benefits the subsidies offer for landlords. The two biggest apprehensions which landlords express are the nature of the clients to be served and a reluctance to get involved in government programs;

(5) After the CMHC staff has had two or three meetings with a prospective landlord, they invite one of the DCA representatives to talk to the landlord about the details of the Section 8 contract;

(6) The CMHC staff and the DCA representative subsequently work as a team to finalize negotiations with both the landlord and the client. Although the client does not participate in all of the negotiations, he/she does visit the apartment; and

(7) A Housing Counselor from the CMHC staff is assigned to each client at the beginning of the transitional program and maintains contact as the client moves to increasingly independent environments.

Hackensack CMHC staff describe the above procedures as an enormous public relations effort that can only be successful with continued persistence and intense field work by the staff. Staff do cite certain drawbacks such as the HUD requirement that Section 8 subsidies be used only in unfurnished apartments--a particularly unrealistic requirement since most returning clients have little or no furniture. Another major drawback has been the unrealistic level at which Fair Market Rents are set in the Hackensack area. Since Bergen County is one of the most expensive counties in New Jersey, rental units are usually high. However, Fair Market Rents have not kept pace and do not completely make up the difference between twenty-five percent of the clients income and the total rent.

Although HUD regulations have presented some difficulties to the transitional program, the key to its success, according to CMHC staff, is the intensive work with the landlords.

For more information on New Jersey's Community Affairs

Section 8 program contact: Matthew Powell, Department of Community Affairs, P.O. Box 2768, Trenton, New Jersey, 08625; for more information on Hackensack's Project Advance contact: Henry Greenstone, Project Advance, Hackensack Hospital CMHC, Hackensack, New Jersey.*

Advantages (Section 8 in existing housing/agencies assisting clients)

-- allows the agency a broader range of living arrangements in which to place clients;

-- provides supplemental funding for residential programs which in some instances may help to free-up agency funds for program enrichment or other support services;

-- supplies a source of funding which is separately administered, therefore, relieving the agency of bookkeeping and billing responsibilities;

-- offers the same advantages to individual clients as those spelled out in the first option under Section 1 of this part.

Disadvantages (Section 8 in existing housing/agencies assisting clients)

-- puts agency in a competitive situation with other human services programs in the area serving low income clients;

-- entails additional staff time and resources in order to secure subsidies and available units;

-- requires agency personnel to amass expertise in such areas as: Section 8 housing quality standards, leasing arrangements, tenant rights, availability of housing stock in the area, etc.;

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*See example on pages 20 to 23 for further information on the New Jersey experience.

-- presents the same disadvantages as mentioned for individual clients in the first option under Section 1 of this part.

b. Option: Public housing/agencies assisting clients (See Chapter I, Part E)

-- Funding Source: HUD's traditional public housing

-- Auspices: PHA (usually the Local Housing Authority)

-- Eligibility: Low-income (income limits may vary by area)

-- Prerequisites: Application to LHA for available unit within any public housing projects

-- Strategy for Pursuing this Option: See Chapter III, Part C

Sub-Option: Leasing

An agency can lease one or more public housing units (apartments or homes) from an LHA or entire sections of units which can function on a cooperating basis.* Agencies should also be on the lookout for potential modernization activities in the locality in order to secure units in newly renovated projects. The LHA may be able to provide structural changes in certain projects amenable to the agency's needs.

EXAMPLE: The Dallas HUD Area Office, in cooperation with several Local Housing Authorities, has helped mental health and mental retardation agencies obtain twenty-eight residential homes and apartments (housing a total of one hundred-twelve persons) in conventional public housing. For example, in Alberquerque, New Mexico (which was formerly part of the Dallas Area Office), the local Association for Retarded Citizens and another private non-profit organization were successful in placing ninety residents in nineteen existing public housing apartments.

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*Based on Dallas Area HUD Office Guidelines for Small Group Living Arrangements.

Sub-Option: Negotiating

An agency can also consult with the LHA in order to secure public housing units on behalf of its clients.

EXAMPLE: Project Independence, Worcester, Massachusetts, sponsored by the local Mental Health Association, negotiated with the Worcester Housing Authority for six public housing units. Approximately twenty former mental patients are housed within a local public housing complex. Project Independence is a day program/cooperative living arrangement, using Title XX funds to support related service activities for clients housed in the project.

Advantages (public housing/ agencies assisting clients)

-- prohibits discrimination against handicapped individuals (including mentally ill) in public housing units because of Section 504 of the Vocational Rehabilitation Act;

-- permits a sponsoring agency to sign leases on behalf of clients;

-- see other Advantages listed under individuals using public housing.

Disadvantages (public housing/ agencies assisting clients)

-- requires agreement and approval of leasing arrangements by both LHA and HUD;

-- requires an adequate number of vacancies within projects;

-- see other disadvantages cited under individuals using public housing.

c. Option: FHA-insured housing/agencies assisting clients*

-- Funding Source: FHA-insured project

-- Auspices: Individual housing owners and/or HUD Area Office

-- Eligibility: Income limits will vary by area--approximately same as for public housing

-- Prerequisites: Locate available unit by contacting individual owners or HUD Area Office

-- Strategy for Pursuing this Option: Contact your local HUD Area Office or PHA to determine the availability of these types of units

A limited number of FHA-insured units (Section 236 or 221(d)(3) or (d)(4) projects) may have vacant units which an agency can lease for its clients.**

EXAMPLE: Several mental health and mental retardation agencies have worked with the Dallas HUD Area Office to secure approximately fifteen residential apartments for twenty-nine handicapped clients in FHA-insured projects. In one Dallas FHA project, eight residential apartments were provided for sixteen residents and house-parents.

The advantages and disadvantages of using FHA-insured

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[*] Projects that have been funded under other HUD/FHA programs such as the Section 236 or 221(d)(3) or (4) projects may be able to provide alternative living arrangements. However, further inquiry should be made with the local HUD Area Office to determine if these programs are currently receiving operating funds.

[**] Based on Dallas HUD Area Office Guidelines for Small Group Living Arrangements.

units are similar to those cited under Public Housing.

B. Individuals Living in Small Groups

Residential options under this category include small group living arrangements that are sponsored or administered by a mental health agency. Halway houses (hostels), group homes, foster homes,* board and care homes,* and lodges are examples of home-like living that can be assisted by federal housing programs. Possible administrative arrangements for agencies could include owning, leasing, purchasing, or contracting for these types of residences.

1. How Mental Health Agencies Can Serve Small Groups of Clients in Existing Facilities

Agencies can secure assistance for clients currently living in agency-sponsored facilities. They can also negotiate with the appropriate public housing agency and/or housing owner to lease or contract for existing facilities to house small groups of clients.

a. Option: Section 8 for existing housing/agencies serving groups of clients in existing facilities (See Chapter I, Part B)

-- Funding Source: Section 8 for existing housing

-- Auspices: PHA responsible for administering the Section 8 program or HUD Area Office

-- Eligibility: Low-income

-- Prerequisites: Certificate of Participation for eligible clients; agreeable landlord; zoning ordinances permitting halfway houses or group homes; little or no community resistance; accessibility to community services.

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*Federal housing assistance for foster homes and board and care homes has not been utilized at this point, and it is uncertain whether or not these options can be funded.

-- Strategy for Pursuing this Option: See Chapter III, Parts B, C, D, and F

If an agency owns a single-family residence, it can receive Section 8 payments on behalf of the eligible clients residing in the home. If the agency is currently leasing a group home or halfway house, it can help its residents get certified for Section 8 payments. An agency can also consider leasing a home from a private landlord or from the PHA and arrange to obtain Section 8 for its residents who are income eligible.

Finally, an agency can contract with a private owner to manage and operate a home or part of a housing project. In this case, the owner pays the mental health agency a management fee, and receives the Section 8 payments for clients. The mental health agency, acting for the owner, can lease Section 8 units to its clients.

EXAMPLE: Central Bergen Community Mental Health Center, Saddlebrook, New Jersey, is another CMHC participating in their State Department of Community Affairs (DCA) Section 8 program. As the State of New Jersey began intense deinstitutionalization efforts, Central Bergen worked with several patients who were still residing in the state hospitals and prepared them for community living. At the same time, Central Bergen leased several family homes in the locality to house clients returning to the community. While Title XX and SSI were being used to cover as much of the expenses of community living as possible, there was still a need to obtain more funding to cover the rents of each home. When Central Bergen became aware of the DCA Section 8 program, it applied for forty-five Section 8 payments. Last summer, twelve were allocated to the CMHC to cover the rents of three family homes, each housing four to five clients.

Central Bergen staff commented that the DCA was extremely helpful. DCA field representatives would deliver applications and other forms to the CMHC whereas the LHA required persons still living in the state hospital to be present in the LHA to complete forms.

Although the Section 8 program has provided flexibility in placing deinstitutionalized clients in the locality, Central Bergen would prefer either building and/or owning their own housing. As a homeowner, the CMHC could provide more consistency to the clients living in homes, and would also become more acceptable to the community as a whole. For more information contact: William Bailey, Central Bergen CMHC, Saddlebrook, New Jersey.

Advantages (Section 8 for existing housing/agencies serving groups of clients in existing housing)

-- offers less administrative and financial difficulties for the agency using existing housing instead of building or rehabilitating similar facilities;

-- provides a range of approaches to the development of small group living arrangements including leasing or managing;

-- permits the agency to supplement reimbursements for its existing living arrangements.

Disadvantages (Section 8 for existing housing/agencies serving groups of clients in existing housing)

-- requires that single-family dwellings meet HUD housing quality standards and other program regulations;

-- requires additional administrative time;

-- same disadvantages cited under agencies using Section 8 for inidividual clients.

b. Option: Public housing/agencies serving groups of clients in existing facilities (See Chapter I, Part C)

-- Funding Source: HUD's conventional public housing

-- Auspices: PHA (usually the local housing authority) or HUD Area Office if appropriate

-- Eligibility: Low-income (varies by area of the country)

-- Prerequisites: Application to the LHA for vacant public housing homes or apartments; non-profit leasor

-- Strategy for Pursuing this Option: Chapter III, Part C

A mental health agency can lease any public housing home (rowhouses, townhouses, etc.) or groups of public housing apartment units, from an LHA for a small group living arrangement.*

EXAMPLE: The Dallas HUD Area Office has assisted mental health/mental retardation agencies in leasing public housing operated by LHA or other FHA-insured housing managers. By allowing agencies a negotiable rate of rent, the need to qualify each resident by income or type of disability has been eliminated. Once an agency has obtained information on the location and availability of housing units, it works with the LHA or the FHA housing manager and submits a letter to HUD requesting approval to lease, together with a plan of operation and other supporting documents. The HUD Area Office suggests that group homes utilizing project apartments should include no more than five bedrooms with a minimum of one live-in house-parent or supervisor for each eight individuals. Several group homes may also be located in the same project or in different projects operated by the Local Housing Authority.

Advantages (public housing/agencies using existing facilities for small groups)

- permits any agency to negotiate a rent on behalf of all clients; no separate application filed for each;
- see other advantages cited in previous sections.

Disadvantages (public housing/agencies using existing facilities for small groups)

- requires HUD Area Office and/or LHA to be willing partners in any arrangements suggested by the agency;
- offers little or no opportunities for agencies in high income or rural areas where public housing may be nonexistent;

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[*] Based on Dallas HUD Area Office Guidelines for Small Group Living Arrangements.

-- requires that rents charged for public housing reflect the median income level of that area, thereby possibly excluding clients in high income areas whose incomes are substantially below the median and cannot afford the rents;

-- see other disadvantages cited in previous sections.

2. How Mental Health Agencies Can Use Section 8 Together with Other Financing Sources to Facilitate the Purchase of Existing Homes for Small Group Living Arrangements

a. Option: Section 8 together with other financing for existing housing/agencies purchasing facilities (See Chapter I, Parts B and G)

-- Funding Source: Section 8 for existing housing and other public or private financing sources for mortgage loans

-- Auspices: PHA administering the Section 8 program in existing housing and public or private lending institutions (i.e., banks, savings and loans) for mortgage loan

-- Eligibility: Low-income for Section 8; particular requirements of lending agency for financing

-- Prerequisites: Ability to secure Certificate of Participation for Section 8 clients; financial eligibility for mortgage loan, community acceptance

-- Strategy for Pursuing this Option: See Chapter III, Parts C, D, E, and F

An agency wishing to purchase an existing single-family dwelling can use Section 8 subsidies for the clients who will reside in the home. Although Section 8 cannot be used to buy the home itself, it can act as security for some types of financing (including a conventional bank loan or a tax-exempt loan from the state housing finance and development agency or other local agencies).*

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*Financing from state or local agencies may not be available if the single-family dwelling requires more than a short-term (fifteen years) mortgage.

Advantages (Section 8 together with other financing for existing housing/agencies purchasing facilities for groups of clients

-- provides more consistency for the client;

-- makes it easier for the agency to gain neighborhood acceptance.

Disadvantages (Section 8 together with other financing for existing housing/agencies purchasing facilities for groups of clients

-- requires knowledge of home financing;

-- requires the provision of maintenance, upkeep, etc. which any landlord or homeowner must perform;

-- see other disadvantages cited in previous sections.

3. How Mental Health Agencies Can Build Small Group Living Arrangements

If a mental health agency wishes to build a halfway house, group home, or other small group setting for its clients, there are several combinations of programs it can use. All of the options described below combine Section 8 with a specific financing mechanism. Advantages and disadvantages of building will be discussed at the end of the Section.

a. Option: Public housing agency/Section 8/agencies building or rehabilitating facilities for small groups of clients (See Chapter I, Part B)

-- Funding Sources: Section 8 program for rent subsidies plus PHA financing programs

-- Auspices: PHA (usually the local housing authority)

-- Eligibility: Low income clients

-- Prerequisites: Available LHA financing program

-- Strategy for Pursuing this Option: See Chapter III, Parts C, D, E, and F

A mental health agency can negotiate with the LHA to get units for its clients included in any new Section 8 construction within the locality. If an LHA is agreeable, it could also build a new facility for the agency's clients alone or for a mix of handicapped persons using private financing in conjunction with Section 8 subsidies.

b. Option: Section 202/Section 8/agencies building or rehabilitating facilities for groups of clients (See Chapter I, Parts B and E)

-- Funding Sources: Section 8 subsidies plus HUD's Section 202 financing for elderly and handicapped persons

-- Auspices: HUD Central Office for 202 funds; HUD Field Office for Section 8

-- Eligibility: Low income, handicapped, or elderly clients; sponsors must be non-profits or cooperatives

-- Prerequisites: Sponsors must have a strong financial and managerial history and ability to construct and operate project over a forty-year period

-- Strategy for Pursuing this Option: See Chapter III, Parts C, D, E, and F

A mental health agency can apply for a one hundred percent, forty-year loan to construct or rehabilitate housing for its clients. Most 202 projects that have been built so far are large housing complexes (over one hundred units but not exceeding three hundred), even though a few small 202 "group home" type projects have been developed.

HUD's Research Office is looking at small home-like living arrangements, and is in the process of contracting with an organization that would be responsible for studying any 202 small group prototypes that may exist or develop prototype settings that HUD could fund under 202 auspices.

In addition, HUD has recently published a handbook for 202 applicants that sets out the policies and criteria governing the processing of 202 applications (See Section 202 Processing Handbook, April 1976, Department of Housing and Urban Development, No. 4571). The following case example illustrates how a CMHC was successful in obtaining a 202 loan to provide two group home type facilities for its clients:

CASE EXAMPLE: CMHC/Section 202

Central District Community Mental Health Center in Clarksburg, West Virginia, is the primary screening and followup facility for the state's largest mental hospital. Since deinstitutionalization is a major force in the state, Central District has needed several types of alternative living arrangements for their clients. Although Central District had started two independent living facilities where the clients paid their rent directly to the landlords, these facilities did not meet all of the Center's needs. Central District had been successful in obtaining a Developmental Disabilities grant to staff some transitional living facilities, but it had difficulty in securing money for rent and appropriate locations. Several of the CMHC staff decided to visit Washington, D.C., to meet with officials in various agencies to see where they could possibly obtain funding to build or rent housing. After meeting with several HUD officials, they decided to apply for a 202 project loan to build two eight-unit transitional living facilities. Clients for the facilities will be both adult mentally ill and mentally retarded who have recently been released from the state institution. Staff requirements will include using house managers who will be present twenty-four hours a day and structuring the facility so that they become more active, learning centers as well as residential. All clients will have Food Stamps, SSI, and many other support services.

Negotiations between the CMHC and HUD were difficult and complex. The CMHC had to conduct an intensive education effort to convince HUD that no more than eight clients in each project was important in achieving a normalizing environment. Since the CMHC had already developed a sound program design for the facilities and had a fairly strong history of providing services to clients, HUD was somewhat more amenable to their project design. By applying some political pressure as well, the CMHC was able to convince HUD to fund their project. Once the $200,000 in 202 funds were reserved for Central District, an application was made to HUD for Section 8 subsidies for the clients.

Before negotiating with HUD, Central District consulted with a local architect on building plans, design, and potential sites, and with a lawyer on legal technicalities. At the time that Central District applied for a 202 loan, only construction or start-up funds were provided by HUD (recently P.L. 94-375 changed 202 from just construction loans to a total finance loan).

They were able, however, to secure a long-term mortgage from a local bank. The initial 202 application was submitted to HUD in December 1975, and the Center received official notification of approval in July 1976.

Central District encountered several obstacles during their negotiations. First, HUD minimum property standards for new construction were not realistic from their point of view since they encouraged the development of larger, more institutional settings. However, since their project was somewhat unique, they were able to get out some of the more onerous requirements. Another administrative problem was coping with the various levels of the bureaucracy--one Area Office for land surveys, another Area Office for other services, Regional Office for Section 8 subsidies and finally the Central Office for final approval of the 202 loan. Perhaps the overriding problem, even with some waivers, was the inability of HUD personnel to adjust their guidelines and regulations to a different type of housing project.

At the time Central District was looking into housing programs, the local government of Clarksburg had not yet developed a HAP (Housing Assistance Plan). The Center does expect to get involved in the HAP and together with the Clarksburg LHA to try to focus some attention on the needs of the mentally handicapped.

For more information contact: Baron Carson, Central District Mental Health Center, Hospital Plaza, Clarksburg, West Virginia.

c. Option: Section 8 together with private financing and HUD/FHA mortgage insurance*/agencies building or rehabilitating facilities for small groups (See Chapter I, Parts B and G)

-- Funding Sources: Section 8 for housing assistance payments; private lending institutions for mortgages and HUD/FHA mortgage

-- Auspices: PHA or HUD Area Office for Section 8 payments in new construction or substantial rehabilitation; private lending institutions--i.e., banks, savings and loan, etc.--for mortgages; and HUD Insuring Office for mortgage insurance*

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*At the time of this writing, it was not known whether HUD/FHA insurance programs such as Section 231 were available for projects housing the mentally ill. Further inquiries should be directed to the nearest HUD Area or Insuring Office.

- -- Eligibility: Low-income for Section 8 payments; financial capabilities for private mortgage; and HUD/FHA mortgage insurance; specific program requirements

- -- Prerequisites: Ability to secure Certificates of Participation for eligible Section 8 clients; particular requirements of private lending agency; and program requirements for HUD/FHA mortgage insurance

- -- Strategy for Pursuing this Option: See Chapter III, Parts C, D, E, and F

EXAMPLE: Dallas HUD Area Office has processed several Section 231 insured projects which were combined with Section 8 subsidies, some of which are for handicapped clients.

d. Option: Section 8 with state housing finance and development agency loans/agencies building or rehabilitating facilities for small groups of clients (See Chapter I, Part B and C)

- -- Funding Sources: Section 8 plus state housing finance and development agnecies (HFA's)

- -- Auspices: State housing and finance development agency for both Section 8 housing assistance payments and loans or for just loans (construction and/or permanent mortgage)**

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[*] HUD has a number of local insuring offices, some of which are being merged with the area offices.

[**] Agencies could secure financing for housing projects from their state housing agnecy without Section 8 payments or they could, given legal definition, declare themselves a PHA and secure Section 8 payments to be used with FHA financing.

-- Eligibility: Low-income; other eligibility criteria determined by the state housing authority depending on individual situations

-- Prerequisites: Capable of providing ongoing services to clients; strong history of community involvement; community acceptance

-- Strategy for Pursuing this Option: See Chapter III, Parts A, B, D, E, and F

If a state housing finance and development agency exists within a state (see Appendix D-1 for list of thirty-six existing state agencies), a local or state mental health agency should find out whether or not that agency has established or is interested in establishing a program to serve the mentally ill. Most HFA's have the capability to build or rehabilitate housing by providing below-market interest loans to housing sponsors.

Each qualified HFA can receive a separate Section 8 allocation from HUD based on the state's need, the amount of state funds available for new housing, etc. A state agency can secure up to fifty percent of the Section 8 allocation for the entire state.

The following case example demonstrates how a state housing finance and development agency became involved in using its Section 8 allotment to develop group homes for the mentally retarded.

CASE EXAMPLE: State Housing Finance Agency/Local Sponsors

Stimulated by the Virginia Association of Retarded Citizens (VARC) and the Developmental Disabilities Council to obtain decent housing for its consumers, the Virginia Housing Development Authority (VHDA) in conjunction with the Virginia Department of Mental Health and Mental Retardation developed a joint program to serve the needs of the adult mentally retarded. Since Virginia had recently participated in a three-year prototype program to test deinstitutionalization possibilities within the state, the need for suitable housing for clients returning to the community was well-documented.

For Fiscal Year 1975, VHDA decided to designate part of its Section 8 allotment to provide housing for the adult mentally retarded. A total of one hundred-thirty units were earmarked for this program. In order to conduct the development of the program, an Interagency Advisory Council was formed (which included representatives of VARC, the State Developmental Disabilities Council, Department of Mental Health and Mental Retardation, Department of Vocational Rehabilitation, Department of Welfare and local MH/MR services boards).

VHDA is one of the few state housing finance agencies (HFA's) to designate a portion of its Section 8 allocation for the mentally retarded and is also the only HFA to utilize all three components of Section 8. Although VHDA originally considered using existing housing as the primary mechanism to house clients, it eventually turned to building homes. New construction enabled them to assure compliance with all state, local, and federal requirements and provide sponsors more freedom in building design.

VHDA regards the first eight projects as the Demonstration Phase, which is successful, could lead to more projects. Six of these projects will be newly-constructed group homes, consisting of twelve units each; one will be a rehabilitated apartment building with approximately eight to ten units, and one involves an existing program with fifteen units in scattered apartments.

VHDA will provide construction and permanent mortgage loan financing for the construction and rehabilitation projects, together with Section 8 housing assistance payments for eligible clients in new construction and existing housing.

Housing sponsors for the project include local mental retardation consumer groups, local redevelopment and housing authorities, and other private non-profit agencies. Sponsors are required to have strong ties with the community and experience in providing supportive services. Non-profit or limited profit sponsors are eligible, excluding local MH/MR services boards and the Department of MH/MR.

VHDA has also set up a seed money loan program for non-profit sponsors who may need to finance front-end costs (legal fees, housing consultant fees, architectural fees, etc.). These advances (available at a five percent interest rate) will be repaid when the loan is closed.

Recently, another set of proposals were preliminarily accepted for a Phase II program which will include the development of six group homes, each containing twelve units and the use of forty units within three apartment structures.

Another added resource that VHDA provides for a small fee to housing sponsors is the use of agency prototypical architectural plans for group homes that were developed specifically for this program to comply with the various state and local building codes, standards.

The housing projects will serve retarded adults of low to moderate income, eighteen years of age or older, who are capable of a reasonable degree of self-care and independence. Approximately fifty percent of the residents will come from institutions and fifty percent from the community-at-large. Each newly-constructed group home will house twelve residents and will be conveniently located to employment, community services, transportation, etc. Clients must be involved in out-of-house activities during the day.

Because of the provision of adequate and continued support services is critical to the success of the VHDA projects, all sponsors must link their programs with appropriate state and local service agencies. A "letter of understanding" between the Virginia Department of Mental Health and Mental Retardation and VHDA was executed to spell out the responsibilities of these two state agencies regarding this housing program.

As stated in the letter of agreement, "...the objective of our undertaking is to combine the financing and subsidy resources available from or through Virginia Housing for shelter costs with the service and program assistance available from or through the Department [of Mental Health and Mental Retardation] and other state or federal agencies to meet expenses otherwise associated with non-shelter items."

Financial contributions by the Mental Health/Mental Retardation Department for non-shelter costs, the development of an annual administrative plan by both VHDA and the Department of MH/MR and technical assistance to be provided by MH/MR are among the series of responsibilities that are addressed in the agreement. The substance and format of the agreement between VHDA and MH/MR provide a useful example of how state housing and mental health agencies can collaborate in providing joint programs for mentally disabled clients.

Although VHDA did not encounter serious problems with HUD over minimum property standards, etc., there have been some difficulties with local zoning ordinances. In December, however, they were able to obtain an opinion from the State Building Code Technical Review Board that group homes could be constructed under a residential (rather than an institutional) building code classification. Perhaps the overriding aspect of the VHDA program for the mentally retarded has been the commitment and the affirmative stance taken by the VHDA staff.

For more information contact: Roy Reynolds, VHDA, 111 South Sixth Street, Richmond, Virginia, 23219.

EXAMPLE: The Michigan State Housing Authority was one of the first HFA's to finance new housing projects for the mentally retarded through its own below-market loans. Since the inception of the program, Michigan has funded 366 housing units for the mentally retarded. Operated on the group home concept, each home includes sixteen units and each is owned by a non-profit organization. Since these group homes were financed under the HUD Section 236 which provides subsidized low rent units, no Section 8 rental assistance payments were used. Michigan is expanding its program for new construction to include the mentally ill. Under the expanded program, Section 8 subsidies allocated to the authority will be used for eligible clients. Approximately forty-eight persons will be served by numerous group homes. So far, four different housing proposals have been submitted to the authority from local community consumer groups (primarily parent organizations). The Michigan Authority has also secured written service agreements with the Michigan Departments of Social Services, Mental Health and Vocational Rehabilitation.

For more information contact: Marjorie Green, 300 South Capitol Avenue, Suite 900, Lansing, Michigan, 48926.

e. Option: Section 8/Section 515 rural rental housing/agencies building or substantially rehabilitating facilities for small groups (See Chapter I, Parts B and F)

-- Funding Sources: Section 8 plus Section 515 rural housing direct government loan

-- Auspices: HUD Area Office and Farmers Home Administration local or state office (FmHA)

-- Eligibility: Low income for Section 8 and specific program requirements for Section 515 projects*

-- Prerequisites: Rural areas (populations up to 20,000); non-profit, cooperative, or public agency only

-- Strategy for Pursuing this Option: See Chapter III, Parts D, E, and F

A mental health agency, serving clients that either are residing in rural areas or will be returning to a rural setting, may be able to obtain Section 515 loans to build or rehabilitate a facility. Each loan covers a forty year period and projects usually average less than fifteen units per project. Although the FmHA has not financed many projects in which the disabled have been served, there is no reason why they cannot be approached for future developments. Once a Section 515 loan has been secured, Section 8 subsidies can be sought.*

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*For more information on Section 515 see "FmHA Technical Series 515 Rural Rental Housing," May 1975. Available from the Housing Assistance Council (check bibliography for further reference).

An agency that may need technical assistance or even a preliminary loan to cover front-end costs of building a housing project should contact the Housing Assistance Council in Washington, D.C. The Council is a non-profit organization designed to help provide decent housing for the rural poor. Although the Council has not assisted any disability groups, it has indicated interest in this area.

EXAMPLE: The administrator of a state institution located within a rural area can contact the nearest Farmers Home Administration Office and inquire as to what possible Section 515 projects are being built where mentally ill clients could be housed, or the administrator could encourage local non-profit housing sponsors to apply to the FmHA for a loan to build residential facilities for its clients.

f. Option: Traditional public housing for new construction/ agencies building or rehabilitating facilities for small groups (See Chapter I, Part C)

-- Funding Sources: HUD's traditional public housing

-- Auspices: PHA (usually local housing authority)

-- Eligibility: Low income

-- Prerequisites: Approved by the PHA and availability of new construction funds

An agency can negotiate with the LHA to construct new public housing units exclusively for the mentally ill--or to combine units with other disability groups--which they would in turn lease to the agency. Since Congressional intent, as expressed in the Conference Report on the Housing Act of 1976 (Amendments to P.L. 93-383), appears to urge HUD to build traditional public housing units, this option may be a viable alternative for Fiscal Year 1977.

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*Regulations have been issued describing the relationship between Section 8 and the 515 program (see Federal Register, October 22, 1976).

EXAMPLE: The Dallas HUD Area Office, in conjunction with several LHA's, has assisted in the construction or approval of prototype extended living homes in conventional housing projects for fifty-six handicapped residents:

In 1973, Brenham State School, Brenham, Texas, together with the Brenham LHA and the Brenham-Washington Counseling Service negotiated with the HUD Dallas Area Office to establish two prototype extended living homes (duplexes) housing eight residents and two house-parents per duplex. The homes were to be included in a proposed ninety unit complex. A sheltered workshop was also included within a separate unit. The residents now occupying the two duplexes are mildly and moderately retarded adolescents and adults who were either currently living in the surrounding communities or in Brenham State School. Each duplex rents for $165 per month.

El Paso Center for Mental Health and Mental Retardation Services undertook a similar process and negotiated with the Dallas Area Office to include two duplexes, each having eight residents within a public housing project in their city. Each duplex rents for $210 per month.

Two additional duplexes are in operation within a public housing project in Alberquerque, New Mexico, and another prototype home is under construction in Huntsville, Texas.

For more information on all of the above projects contact Jack Harwell, HUD Housing Management Division, HUD Dallas Area Office, Dallas, Texas.

Since there are a number of advantages and disadvantages to building housing for the mentally ill, the following section lists overall disadvantages and advantages and delineates those that are specific to federal or state programs.

General Advantages (agencies building and substantially rehabilitating facilities for small groups)

- -- provides greater ease in designing physical program requirements for small group arrangements;
- -- makes it easier to meet HUD minimum property standards since mandated features can be added at the beginning rather than tacked on to existing structures;
- -- provides an alternative for developing housing in those areas where Section 8 for existing housing is not available;
- -- offers the possibility of easier access into a neighborhood since the agency becomes a property owner on similar footing with other landlords (this may depend, however, on the locality).

Specific Advantages (agencies building or substantially rehabilitating facilities for small groups)

-- Under Section 202:

offers permanent financing which is set at the U.S. Treasury Department's borrowing rate plus one percent allowance for administrative costs (reduces the interest rate slightly);

requires that a minimum of twenty percent of 202 units must be Section 8 clients.

-- Under state housing, finance and development programs:

provides an excellent source of funds for construction and permanent mortgage financing or rehabilitation of facilities given the current scarcity of funds for new housing;

permits to a degree HFA's to be less restrictive in so far as site selection, economic feasibility, design, etc., only if HUD subsidies are not used in conjunction with their own financing;

provides less "red tape" in obtaining financing components as opposed to HUD financing programs;

provides another vehicle for gaining access to HUD resources.

-- Under Section 515:

provides an important source of funds for rural, low-density areas where housing needs may be critical and where no HAP or CD process occurs.

-- Under Traditional Public Housing:

allows LHA's to build new projects which could be adapted in part for small, home-like settings (see Appendix E for regional breakouts of new construction for public housing).

General Disadvantages (agencies building or substantially rehabilitating facilities for small groups)

-- permits Section 8 for new construction only where HUD has determined that there is an inadequate supply of existing housing or where HUD has approved a project on a priority basis;

-- requires that an agency have extensive knowledge and expertise in obtaining permanent financing for building, which may not even be available;

-- requires that agencies develop complete support service packages that will supplement the development of a housing project;

-- requires mental health agencies who will, in all likelihood, not have the appropriate staff to develop housing, financial, and building packages, to contract for an array of specialized services (e.g., architects, real estate professionals, lawyers, housing specialists, etc.);

-- puts agencies who do not have the necessary "track record" at a disadvantage;

-- requires every new construction or rehabilitation to be consistent with the local HAP;

-- requires housing sponsors to meet numerous state and local building, fire, and safety codes in addition to those mandated by HUD depending on the locality;

-- extends the waiting period for new housing secured with HUD funds from two to three years--initial conceptualization of project to completion of building structures.

Specific Disadvantages (agencies building or substantially rehabilitating housing for small groups)

-- Under Section 202:

reduces the likelihood that a mental health agency will be funded because of the intense competition for loans; competition to date has resulted in the majority of funds being allocated to elderly projects;

results usually in large complexes due to economic considerations and HUD's unfamiliarity with more appropriate modalities.

-- Under HUD/FHA mortgage insurance programs:

permits use of insurance only if programs are operational;

provides only mortgage insurance for the construction of the project and permanent financing must be secured elsewhere.

-- Under Section 515:

disallows construction of nursing, medical, or special care facilities (group homes may be classified as special care housing--to date, there has been no clarification on this issue).

-- Under state housing, finance, and development programs:

offers assistance in only thirty-six states and even in those states some state housing agencies still must qualify as a Public Housing Authority in order to receive Section 8 subsidies;

restricts the use of an HFA if, due to unfavorable financial conditions, it is unable to provide any below market interest loans to potential housing sponsors;

requires agencies to stimulate their HFA to develop a program to cover the needs of the mentally ill if none exists and some HFA's are restricted by their enabling legislation to support only certain types of housing.

-- Under Traditional Public Housing:

see specific disadvantages listed under previous sections.

C. Individuals Living in Care Facilities

For those agencies who may be seeking more structured, medically-oriented residences for their clients, HUD does offer a mortgage insurance program (Section 232) to facilitate building Intermediate Care Facilities (ICF's)* and Skilled Nursing Facilities (SNF's).*

An agency could initiate and promote the development of an ICF or SNF by seeking out a private non-profit or proprietary mortgagor (borrower) to purchase the land for the site and to secure the HUD-insured mortgage. If it so desires, the agency itself could qualify as a mortgagor or it could set up a separate entity for the purpose of qualifying as a mortgagor.

Advantages

-- provides forty year mortgage insurance;

-- permits Title XVIII (SNF) and Title XIX (SNF and ICF) reimbursement for medical services.

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*See "How to Use the Guide" for a definition of SNF and ICF.

Disadvantages

- -- offers a limited amount of mortgage insurance;
- -- requires that each project include at least twenty beds;
- -- approves only agencies which have had previous experience in developing, building, and operating nursing care facilities.

CHAPTER III

FUNDING AND ADVOCACY STRATEGIES FOR STATE AND LOCAL AGENCIES

The previous chapters have described the various federal housing assistance programs which are relevant to the development of residential alternatives for adults with disabling mental health problems. Before mounting a campaign to secure such funds, however, readers of the guide should first be aware of the various strategies which may be necessary to secure funds and in turn suitable housing arrangements. The following chapter describes other federal funding sources which can be used to supplement clients in various living arrangements; the role of the state mental health authority; steps which should be taken to assure involvement in the local housing planning process (HAP); strategies for securing Section 8 subsidies; and, general considerations regarding construction and barriers presented by zoning restrictions.

A. Other Funding Sources

Many of the clients served in residential programs may be eligible for a variety of other support services including:*

1. Supplemental Security Income

This federally administered income maintenance program is available to low income persons who are disabled, elderly, or blind. The basic federal payment can be supplemented by the state if it so chooses. SSI can be used in non-medical residential programs such as group homes, halfway houses, and sheltered apartments to defray the costs of shelter and maintenance. Though as a rule, SSI cannot be used in publicly supported programs (including institutions), a recent Congressional amendment (P.L. 94-566) now allows clients in public facilities housing sixteen or fewer persons to receive SSI payments. Additionally, state and local governments may subsidize room and board costs and medical and remedial services furnished by an institution to an SSI recipient. These state and local subsidies can no longer be considered unearned income which reduces the SSI payment. Another piece of legislation, P.L. 94-375, exempted Section 8 rental assistance payments as income in the eligibility determination for SSI.

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*For a comprehensive review of federal funding sources, see Joan Shea, Alternatives to Institutional Care, Region V, DHEW.

2. Food Stamps

Administered by the Department of Agriculture, food stamps are available to SSI recipients and other low income persons. Persons in some of the programs cited in Chpater II are utilizing food stamps in residential programs including the UCPA project in Pittsburgh and Central District West Virginia CMHC.

3. Title XX (Social Security Act)

This federal program supports social services at the state and local level contingent on the development of a plan which includes the goals and target groups for such services. Title XX provides seventy-five percent of the cost of services to low income clients and can be matched by the state or a non-profit voluntary entity. Eligible services include day care, protective services, case management, transportation, homemaker services, etc. These funds can be utilized to supplement the salaries of case managers and others providing social services to the mentally ill including group home supervisors.

4. Title XIX (Social Security Act)

Many clients in residential settings will be eligible for the Medicaid program by virtue of their eligibility for SSI or because their income is such that they can be certified "medically indigent." With a Medicaid card, clients can purchase medical services as needed in the community. Some states, such as Georgia, have even been successful in utilizing Medicaid for non-medical supportive living programs by securing waivers to portions of the regulations.

5. Vocational Rehabilitation

Another major support service which may be required by adults with disabling mental health problems is job training and placement in competitive and/or sheltered employment. The federally funded vocational rehabilitation program provides eighty percent matching funds for the support of such programs to states with approved vocational rehabilitation plans. SSI recipients who may be potentially employable automatically receive a vocational rehabilitation assessment. Recent amendments to the vocational rehabilitation statute require that the more severely disabled must receive first priority. HEW is currently developing guidelines for states which will assist in determining when a mentally ill person can be considered severely disabled.

All of these major funding sources, plus state and local government funds, can be combined to maximize the entitlements and benefits for clients in residential programs. Each of them is key in assuring that the client has at his or her disposal the pivotal elements of a community support system.

By developing a package of funding arrangements for a client or clients, the agency also strengthens its hand with those groups--such as the PHA with which it must negotiate. A solid plan for support services will ease the mind of potential funding bodies, housing sponsors, state housing authorities, and landlords regarding the stability and continuity of the client's situation.

B. Role of the State Mental Health Agency

Developing a package of services to support clients in residential placements is a task which must be shared by the state mental health authority. Though individual program managers may be successful in securing funds for support services, these isolated efforts will be greatly assisted by interagency agreements and other forms of coordination at the state level. Some states, such as Georgia, are actively working to achieve an integrated supportive services network necessary for a viable community residential program.*

The expansion of residential programs will require aggressive action by the state mental health authority to both initiate programs at the state level and encourage the efforts of local agencies and advocacy groups. The following is a list of specific activities:

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*See Tom Earles, "Building a State-wide Supportive Living Program," Division of Mental Health and Mental Retardation, Georgia Department of Human Resources, presented at the 28th Institute on Hospital and Community Psychiatry, American Psychiatric Association, September 23, 1976, Atlanta, Georgia.

1. Enter into interagency agreements with other state agencies providing social and health services to assure that the mentally ill are included as a priority target group in required state plans.

2. Conduct housing needs assessment surveys which will be useful in negotiations with state level housing and human service agencies and which will provide necessary documentation for local program administrators for purposes of community planning.

3. Designate a housing coordinator in the agency responsible for answering requests regarding federal housing programs, assuring that other personnel in the agency responsible for housing programs are aware of housing assistance funding, providing a liaison with the state housing authority, and with HUD area and regional offices.

4. Contact the state housing finance agency (HFA, or other agency receiving Section 8 funds) to determine the possibility of developing a jointly sponsored program to provide housing for the mentally ill. Whether through the use of Section 8 for existing housing or Section 8 combined with state housing finance programs, the housing agency may be capable of entering into such a program. The state mental health agency should guarantee in this relationship that housing assistance for the mentally ill will be accompanied by support services through the mental health system.

5. If no agency at the state level is designated to receive Section 8 subsidies or if the designated agency is incapable or unwilling to participate in a joint arrangement, seek designation as a Public Housing Agency in order to receive Section 8 funds for mental health clients. Since most state mental health agencies provide and fund housing, they may be eligible for designation. This status must be approved by the state and HUD.

The Colorado Department of Institutions has recently received notification that it qualifies as a public housing agency for the purposes of the Section 8 program.* This first-of-a-kind activity will no doubt require some adjustment by HUD and the Department of Institutions, as current HUD regulations governing the Section 8 Existing Housing Program are primarily intended to apply to traditional municipal housing authorities.

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*This determination will enable the Department of Institutions to establish a pilot program of community alternatives for approximately sixty-five clients.

6. Disseminate information regarding federally funded housing assistance programs to local mental health authorities, CMHC's, advocacy groups, institutional administrators, and others concerned with the housing needs of the mentally ill.

7. Provide technical assistance to mental health agencies and groups regarding strategies for securing funds, development of needs data, and the programmatic guidelines for the development of small group arrangements, sheltered apartments, etc.

C. Housing Assistance Plans (HAP)

The local housing assistance plan (HAP), required in those localities receiving benefits under Title I of the Housing and Community Development Act, provides the justification which HUD officials look to in making decisions regarding allocations of Section 8, Section 202, and public housing in that locality. Because the HAP is crucial to the development of such programs, it is important that persons interested in the needs of the mentally ill begin to involve themselves in the mandated citizen participation portion of the local planning process. (For further information, see two publications by the National Model Cities Community Development Directors Association--A Guide to Meeting Citizen Participation Requirements for Community Development, and A Guide to Preparing Housing Assistance Plans.) Federal requirements dictate that the needs of the handicapped must be spelled out in the HAP. These needs statements must be consistent with the rationales set forth in 202 applications and for other housing assistance to the handicapped in the community. Though the construction of facilities with less than twelve units is not contingent on the plan, the allocation of other funds, such as Section 8 monies, is influenced by the plan's content.

The following are steps which can be taken to insure input in the HAP:

1. Develop coalitions with other handicapped groups in order to command the attention of the local housing planning body.

2. Prepare demographic and other data supporting the needs of the mentally ill in your area (such data may already be routinely collected by the CMHC in your catchment area, by the county, or other local mental health authority, or by the state mental health agency).

3. Find out when and how often the HAP in your area is updated and secure a place on the agenda for mandated public hearings.

4. Suggest that the board members of your agency make presentations at local public hearings.

5. Utilize the media in your local area to publicize needs information for the mentally ill thereby dramatizing the case.

6. Review HAP plans from other localities which include the needs of the mentally ill.

7. Insure that the needs of citizens from the locality currently residing in institutions are also included in the plan.

8. Be specific about the housing needs of the mentally ill including numbers and types of units.

9. If you are not given access to the local planning process, contact your HUD area office to complain.

10. If your community does not participate in the CD program, and therefore is not required to prepare a HAP, contact your PHA or local governing body to press the needs of the mentally ill for housing. These bodies will be contacted for reactions to any proposed projects.

D. Securing Section 8

As a short-term strategy, the use of Section 8 in existing housing is strongly suggested. It entails less time and the chances of securing funds are greater than in the other programs described. Building or rehabilitating housing should be a longer range goal. (See Marie McGuire Thompson, Housing for the Handicapped and Disabled: A Guide for Local Housing [Preliminary Draft], National Association of Housing and Redevelopment Officials.)

Several things which should be kept in mind when attempting to secure Section 8 funding:

1. Ascertain what the Fair Market Rents are for single and multi-family units in your community (HUD Area Office or your PHA should have this information).

2. Identify, in your locality, single or multi-family

units that are appropriate for your clientele and which meet Fair Market Rents.

3. If Fair Market Rents within your locality are unrealistic for housing your clients, request the PHA to contact the HUD Area Office to adjust the levels--recognizing that this may be a very lengthy process.

4. Assess your clients to determine their levels of functioning and develop individualized residential plans for each which includes necessary support services.

5. Approach your public housing authority to determine the process for securing Certificates of Participation for your clients.*

6. If necessary, request your PHA to take applications for Section 8 and issue Certificates of Participation at locations other than the PHA office (e.g., the facility where agency clients may reside).

7. If you own the residence, you can request the PHA to send you one lump sum for all residents receiving Section 8 subsidies instead of individual checks for each resident.

8. Contact other agencies in the community which have utilized Section 8 to gain more information on negotiating with the PHA.

9. If Certificates of Participation are secured, begin to canvass for available units, or investigate the possibility of having units currently occupied by clients qualified.

10. Meet with landlords to explain the nature of the Section 8 program (if they have not participated) and to explain the nature of your program and potential tenants.

11. Work with potential tenants and the landlord in negotiating a lease.

12. Maintain contact with those tenants who require ongoing support services.

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*At this stage, the PHA may suggest that your clients use vacant public housing units. If this is not an appropriate placement then you should be prepared with arguments supporting the specific need for Section 8 assistance.

13. If you are unsuccessful with your PHA (or if none exists in your locality) contact your closest HUD Area Office of the State Housing Authority to determine the availability of Section 8 at other levels.

14. If all else fails, contact your HUD Area Office to determine if they have any Section 8 set-aside funds they are directly administering which may be available to your clients.

E. Building and Financing

Any type of organization that is not familiar with the housing industry jargon, requirements and special procedures will have a difficult time developing new construction projects for its clients. Costs and benefits should be carefully weighed, for the period from conceptualization to completion will likely span three years.

When an agency decides to build a new project or rehabilitate an existing building, it needs to first pull together a series of professionals who can assist the agency with the financial, managerial, and building components of the project. Below are some key facts that can aid housing sponsors in building new projects.

1. An agency should organize a "technical assistance" team--including housing consultants who can provide expert information on all segments of the building process, architects who can suggest possible building locations and plans, and private or public financial leaders who will provide the actual financing for the project.

2. After an agency has decided on the size and type of structure it wishes to build, it should discuss its plans with other more experienced groups who have developed housing and can identify possible financing resources (e.g., real estate brokers, home builders, local officials, etc.).

3. Once an agency has identified the source (public or private) from which it wishes to obtain its financing, it should request or procure all necessary applications and forms.

4. Meetings should be held with the agency staff, its own consultants and persons representing the lending agency (either private or governmental).

5. A preliminary application should be submitted to the lending agency and if it appears feasible, the agency can then formally apply for a construction and/or permanent finance loan.

6. After the formal application has been submitted and approved, the agency must then begin to circulate bids for construction and to enter into the final closing process.

(For very detailed information on building and financing new housing projects, see Marie McGuire Thompson's Housing for the Handicapped and Disabled: A Guide for Local Action prepared for the National Association of Housing and Redevelopment Officials.)

F. Zoning and Other Restrictions

In addition to the administrative and financial problems in securing housing assistance funding, other major barriers may exist at the community level to the development of small group living arrangements. The barriers include zoning restrictions, community attitudes, and building permits. The following section briefly describes steps which may need to be taken to establish a group home or other small living situation.

Some of the readers of this guide may be located in states or localities which have passed state or local zoning ordinances which equate small group living programs with a "family" for the purposes of zoning. Some states, such as California, have gone as far as to exempt such units from special use restrictions which differ from those applied to other dwellings in the neighborhood. If this is the case in your locality, then the remaining discussion is probably unnecessary.

However, most areas do place moderate to severe restrictions on such programs, and mental health agencies and advocates should be apprised of local procedures before proceeding with the development of a small facility. (For more detailed information on strategies in this area see Zoning for Community Homes: A Handbook for Local Legislative Change, Law Reform Project, Developmental Disability Law, Ohio State University, November 1975; and also Gaining Community Acceptance: A Handbook for Community Residence Planners, Community Residences Information Services Program, edited by Patricia Stickney, August 1976.)

The following are some important steps:

1. Determine the nature of local zoning ordinances and ascertain which areas of the locality are zoned for your specific enterprise, if any.

2. Secure the assistance of a realtor to locate available housing in an appropriately zoned area.

3. Meet with local neighbors to explain the nature of your program and the residents of the proposed home.

4. If you have the time and the energy, request a zoning variance if you are unsatisfied with properties in appropriately zoned locations. Be prepared for laborious negotiations.

5. Once a location has been determined, request a special use permit from your local planning agency if such is required.

6. Gather support for the public hearings on the use permit.

7. Once the use permit is secured, work with the city to assure that the home is given the most favorable occupancy classification--since the building and fire safety codes applied to the facility may be contingent on this classification (e.g., residential, institution, hospital, etc.).

8. Thoroughly brief the building inspector on the nature of the program so that unnecessary renovation or occupancy levels are obviated.

9. Secure legal assistance, if necessary, if you are concerned that your clients are being discriminated against.

10. Work with local and state legislative bodies to reform zoning provisions.

(For more information see Group Homes in Metropolitan Washington: An Information Report, Policy Guidelines and Elements of a Model Licensing Ordinance, September 1976, published by the Metropolitan Washington Council of Governments [COG].)

APPENDIX A

GLOSSARY OF KEY TERMS
(As italicized in text of Guide)

1. *Block grant*--All communities 50,000 and over can apply for one chunk or block of funds that will cover the community's total program instead of many project grants which, in the past, supported specific categorical programs, e.g., urban renewal, neighborhood conservation, historic preservation, and so forth.

2. *Centers for the Handicapped*--The term "center for the handicapped" means any single or multipurpose facility which seeks to assist persons with physical, mental, developmental and/or emotional impairments to become more functional members of the community by providing programs or services which may include, but are not limited to, recreation, education, health care, social development, independent living, physical rehabilitation and vocational rehabilitation; but excluding any facility, the primary function of which is, to provide residential care on a 24-hour day basis (such as a group home or halfway house).

3. *Certificate of Participation*--Issued by a PHA declares a Family to be eligible for participation in the Section 8 program and states the terms and conditions for such participation.

4. *Community Development (CD)*--Includes the activities (both physical and social services) that a local community decides to apply for (as part of its block grant application) which will meet the needs and objectives identified in its CD plan together with estimated costs and general location of such activities.

5. *Construction and Permanent Financing*--Includes the procurement of a loan secured by a private or public mortgage for a definite period (usually with amortization) at a fixed rate of interest. A housing sponsor can obtain funds to finance the construction of a project in installments as the project progresses and is payable at the expiration of a fixed period of time.

6. *Contract Rent*--Is the rent payable to the housing owner under his/her contract with the PHA including the portion of the rent payable by the participating family or individual.

7. *Disabled*--A person is considered disabled as defined under Section 223 (Title XVI) of the Social Security Act or in

Section 102(5) of the Development Disabilities and Facilities Construction Amendments of 1970.

8. *Fair Market Rent (FMR)*--Is the monthly rent which a family would have to pay to obrain privately-owned, decent, safe, and sanitary rental housing of a modest (non-luxury) nature with suitable amenities. It includes the cost of utilities (except telephone), ranges, refrigerators, and all maintenance, management, and other services. This is not automatically the amount of rent that a family would pay for a Section 8 dwelling unit, however. FMR is the maximum amount that HUD will permit a family to pay, but the PHA may determine that the reasonable Contract Rent for a given unit should be less than FMR. HUD may approve increases of up to twenty percent in the amount of the FMR in designated areas on request and justification of the PHA. If a family pays directly for any utilities or services, the sum of such monthly payments are included, with Contract Rent, in the amount of the Fair Market Rent.

9. *Family*--Includes a single person in the case of:

   a. a person who is at least 62 years of age, or is under a disability, or is handicapped;
   b. a displaced person, and;
   c. the remaining member of a tenant family.

   In addition, elderly and handicapped families include at least two or more elderly, disabled, or handicapped individuals living together, or one or more such individuals living with another person who is determined under regulations of the Secretary of HUD to be a person essential to their care or well-being.

10. *Handicapped*--A person is considered handicapped if such person is determined by the Secretary of HUD to have an impairment which:

    a. is expected to be of long-continued and indefinite duration;
    b. substantially impedes his ability to live independently, and;
    c. is of such a nature that such ability could be improved by more suitable living conditions.

11. *Housing Assistance Payment*--Means the payment which HUD

makes to an owner on behalf of an eligible family, in accordance with schedules and criteria established by HUD and the terms of the Contract, for the period of time during which the dwelling unit is actually leased or occupied by the family. The payment equals the difference between:

a. no less than fifteen percent, nor more than twenty-five percent, of the family's income, and;

b. the Gross Rent, taking into consideration the income of the family, the number of minor children in the household, and the extent of medical or other unusual expenses incurred by the family, except that in the case of a family with exceptional medical or other unusual expenses, the amount of the Housing Assistance Payment is the difference between fifteen percent of the family's income and the gross rent.

Neither the PHA nor HUD assumes any obligation whatsoever for the portion of the rent payable by the family. The Housing Assistance Payments Contract itself is a written contract between a PHA and an owner, to provide Housing Assistance Payments to an owner on behalf of an eligible family. The term of the contract is the same as the term of the lease (not less than one year, nor more than three years, and can contain a provision permitting termination upon thirty days advance written notice by either party).

12. *Housing Quality Standards*--Include standards set up by HUD for existing housing which must be met by each dwelling unit approved for housing assistance under HUD's programs. Again, the application of housing quality standards to living arrangements such as group homes has been inappropriate. For example, all dwelling units within a group home would need separate bathroom facilities, kitchen stoves, refrigerators, and sinks, according to the standards delineated by HUD for congregate or group type living. Waivers from HUD Area Offices can also be secured for some of these standards.

13. *Local Housing Assistance Plan (HAP)*--Any community applying for a CD block grant must submit a local housing assistance plan that addresses:

a. the conditions of local housing stock and housing needs of lower income persons with special attention given to the elderly and handicapped including the number of housing units in standard condition, in substandard condition or in deteriorating condition, occupied or vacant, and the number suitable for rehabilitation;

b. an annual local goal for assisted housing units including the relative proportion of new, rehabilitated, and existing units and the sizes and types of housing projects and assistance appropriate for the needs of lower income persons. Again, special attention should be given to the handicapped and elderly in the community. Regulations require that the needs of elderly and handicapped persons be addressed. The annual goal has to take into consideration, among other things, the availability of federal housing assistance funds in HUD Area Offices serving the locality. HUD Area Office will advise each community of the estimated available resources before a local HAP is submitted;

c. the identification of general locations of proposed assisted housing including revitalizing certain neighborhoods as much as possible; avoiding undue concentration on using assisted housing in areas containing large low-income populations; and coordinating the availability of public facilities and services to proposed housing projects.

14. *Minimum Property Standards (MPS)*--Include standards set by HUD for new or substantially rehabilitated housing for one or two family dwellings, multi-family dwellings, and care facilities. Each set of MPS delineates the minimum level of acceptability of design and construction standards for both subsidized and unsubsidized insured housing as well as low rent public housing. Unfortunately, the construction of alternative community residences such as group homes has had to meet the multi-family MPS which are primarily geared to large housing projects. (For example, as currently required under multi-family MPS, emergency lighting should be provided for exits, stairs, corridors, etc. Some of these requirements can, however, be waived by the HUD Area Office.)

15. *Public Housing Agency (PHA)*--May be any state, county, municipality, or other governmental entity or public body which is authorized to engage in or to assist in the development or operation of housing for lower-income families. It can include the local housing authority, state housing agency, departments, or agencies of local

governments (welfare, social services, etc.). If a city or county is interested in participating in the Section 8 Existing Housing program, it will be necessary for the city or county to have the authorization, in its charter or by state legislation, to develop and operate a lower-income housing program.

APPENDIX B: BIBLIOGRAPHY

A. GENERAL HOUSING REFERENCES

-- Alexander, Robert C. and Nenno, Mary. *A Local Housing Assistance Plan: A NAHRO Guidebook*. Washington, D.C.: National Association of Housing and Redevelopment Officials, NAHRO, Third Edition, March, 1976.

This Guidebook provides an overview of what a local HAP is; what Federal requirements must be met; a "How-To-Do-It" Section for communities preparing the plan.

AVAILABLE FROM: NAHRO, 2600 Virginia Avenue, N.W., Washington, D.C.
NUMBER OF PAGES: 41
PRICE: $5.00 (non-members) $3.00 (members)

-- Consortium Concerned with the Developmentally Disabled Task Force on Housing. *The Housing and Community Development Act of 1974: Impact on Persons with Disabilities*. Washington, D.C.: CCDD Task Force on Housing, April, 1976.

The results of a survey taken one year after enactment of the Housing and Community Development Act (PL 93-383) are presented in a short paper developed by the CCDD Task Force on Housing. Organizations included in the Task Force surveyed their members in order to determine the impact of PL 93-383 on developing new housing opportunities for persons with developmental disabilities.

AVAILABLE FROM: Consortium Concerned with the Developmentally
Disabled Task Force on Housing
Suite 141, Chester Arthur Building
425 I Street, N.W.
Washington, D.C. 20004
NUMBER OF PAGES: 50
PRICE: Free

-- Duvall, Thomas A. and White, Edward, Jr. *Answers to Questions on Section 8, Lower Income Housing Assistance Guidebook*. Washington, D.C.: National Association of Housing and Redevelopment Officials, 1975.

NAHRO's Guidebook discusses the complexities, requirements and procedures of the Section 8 program in existing, newly constructed or substantially rehabilitated housing. Although technical in detail, it provides the reader with all the necessary components of the Section 8 program in one resource.

AVAILABLE FROM: NAHRO, 2600 Virginia Avenue, N.W.
Washington, D.C. 20037
NUMBER OF PAGES: 50
PRICE: $8.00 (non-members); $5.00 (members)

-- Housing Council of Niagara Frontier, Ic. "The Revised Section 235 Homeownership Subsidy." Housing Perspectives, Vol. 3, No. 5, Buffalo, New York, (undated).

This issue of Housing Perspectives explains the details of the revised HUD Section 235 homeownership subsidy program.

AVAILABLE FROM: Housing Council of Niagara Frontier, Inc.
238 Main Street, Room 403
Buffalo, New York 14202

NUMBER OF PAGES: 4
PRICE: Free

-- Maffin, Robert W.: Silverman, Edward and Sosson, Deena. Charting A Local Community Development Course Under the Housing and Community Development Act of 1974. Washington, D.C.: National Association of Housing and Redevelopment Officials, 1975.

In NAHRO's Chart Book, all of the qualifying requirements for the CD Block Grant program are stipulated. NAHRO then proposes a step-by-step process for moving the CD applicant from the initial step of deciding to apply for funds to the final step of making application. This guide offers assistance not only to local government officials but also to citizens, community leaders, elected officials, etc. who are interested in developing a CD program within their locality.

AVAILABLE FROM: NAHRO
2600 Virginia Avenue, N.W.
Washington, D.C. 20037
NUMBER OF PAGES: 52
PRICE: $5.00 (non-members) $3.00 (members)

-- Ross, E. Clarke. "The Department of Housing and Urban Development: Influence and Impact on Supporting Alternative Community Based Living Arrangements for Persons with Disabilities." Prepared for the Research and Training Center in Mental Retardation, Texas Tech University. Washington, D.C.: Governmental Activities Office, United Cerebral Palsy Associations, Inc., September, 1976.

APPENDIX B

This paper reviews the major HUD programs under PL 93-383 (as amended) and their potential for fostering or supporting alternative community living arrangements for disabled persons.

AVAILABLE FROM: UCPA, Governmental Activities Office
425 I Street, N.W. Suite 141
Washington, D.C. 20001
NUMBER OF PAGES: 16
PRICE: Free

-- Ross, E. Clarke (ED.). "Word from Washington." April, May, September, and November 1974 issues; April, May, June, July and August 1976 issues. Washington, D.C.: Governmental Activities Office, United Cerebral Palsy Associations, Inc.

Articles pertaining to various HUD programs are covered in each of the issues cited above. "Word from Washington" is a monthly newsletter focusing on Federal and legislative programs that affect developmentally disabled individuals.

AVAILABLE FROM: Same organization as listed above.

-- Thompson, Marie McGuire. Housing for the Handicapped and Disabled: A Guide for Local Action. Washington, D.C.: National Association of Housing and Redevelopment Officials, March 1977.

This NAHRO publication, prepared under subcontract to the International Center for Social Gerontology, is a step-by-step manual geared to agencies and organizations who may want to develop housing alternatives for physically and mentally handicapped persons. Although the needs of the mentally ill are not specifically addressed to this manual, the process which agencies can use to develop housing is applicable to all types of disabled clients. Each chapter focuses on a specific segment of the housing process such as local housing market assessments, financing resources, resources for housing options and so forth. It also provides basic information for an individual or agency that has little or no knowledge on how to develop housing alternatives for their clients.

AVAILABLE FROM: NAHRO, 2600 Virginia Ave., N.W. Washington, D.C.
NUMBER OF PAGES: 176
PRICE: Contact Judy Morris at NAHRO for price information and availability.
(202) 333-2020

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-- U.S. House of Representatives. Committee on Banking and Currency. Compilation of the Housing and Community Development Act of 1974. Washington, D.C.: U.S. Congress, October, 1974.

NOTE: Amendments enacted since the passage of PL 93-383 will need to be secured separately.

This compilation contains PL 93-383, Section-by-Section summary of the Act, both Senate and House Committee Reports, and a joint statement on the Conference Report.

AVAILABLE FROM:	Contact either: appropriate Congressional office or order from the U.S. Government Printing Office (GPO).
NUMBER OF PAGES:	753
PRICE:	Free from Congressional office; price unknown if ordered from GPO.

B. SPECIFIC HUD REPORTS

-- U.S. Department of Housing and Urban Development. Community Development Block Grant Program: A Provisional Report. Office of Evaluation, Community Planning and Development. Washington, D.C., May, 1975.

This provisional report is based on information collected by HUD through March, 1975. Preliminary findings and trends in communities using CD funds are presented.

AVAILABLE FROM:	HUD Central Office, Community Planning and Development, Office of Evaluation, Washington, D.C. 20001
NUMBER OF PAGES:	120
PRICE:	Free - Booklet No. HUD-CPD-95

-- U.S. Department of Housing and Urban Development. Section 202 Direct Loan Program for Housing the Elderly or Handicapped; Processing Handbook, Housing Production and Mortgage Credit, FHA. Washington, D.C., April, 1976.

General program standards and processing regulations and guidelines for Section 202 applications are set forth in this handbook.

AVAILABLE FROM:	HUD Central Office Direct Loan Program or HUD Area or Regional Offices
PRICE:	Free

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C. RELATED HOUSING COMPONENTS (Citizen Participation, Zoning Issues)

-- Aronoff, Remy. Group Homes in Metropolitan Washington: An Information Report, Policy Guidelines and Elements of a Model Licensing Ordinance. Washington, D.C.: Metropolitan Council of Governments, September, 1976.

To date, this report is the only document of its kind prepared by a regional Council of Governments (COG). The suggested policy guidelines on licensing, zoning, planning, deinstitutionalization, funding and community education are intended to help local governments to plan for and locate group homes. Also cited are specific elements that should be included in any local group homes licensing ordinance such as provision for public participation, determination of suitable locations, and so forth.

AVAILABLE FROM: Metropolitan Council of Governments
1225 Connecticut Avenue, N.W.
Washington, D.C. 20036
NUMBER OF PAGES: 31
PRICE: Free

-- Bangs, Fred S. Jr. and Daniel Lauber. "Zoning for Family and Group Care Facilities." Planning Advisory Service Reports. (Chicago: The American Society of Planning Officials), March 1974.

The nature of family and group care facilities, current zoning treatment of such facilities and recommended changes in zoning procedures are among the topics discussed in this report. Included as part of the report are the results of a survey taken of 400 planning departments to determine how their zoning ordinances treat these facilities. Although this report does not focus exclusively on facilities for the mentally ill, it does serve as a foundation for agencies interested in understanding more about zoning and planning for family and group type facilities.

AVAILABLE FROM: Planning Advisory Service, American Society of Planning Officials
1313 East Sixtieth Street
Chicago, Illinois 60637
NUMBER OF PAGES: 30
PRICE: $6.00

APPENDIX B

-- Hopperton, Robert. Zoning for Community Homes: Handbook for Local Legislative Change. (Ohio State University, College of Law, Law Reform Project, Developmental Disability Law), November, 1975.

-- --------------. Technical Assistance Handbook for Community Officials. (Ohio State University, College of Law, Law Reform Project, Developmental Disability Law), November 1975.

These two handbooks provide a focused look at zoning issues in developing community residences for the developmentally disabled and mentally retarded. Mentally ill and other disabled individuals however, are included in discussing residential facilities. Both reports contain similar material but one was developed for the use of municipal officials including recommendations for change in zoning for community homes. The other presents a step-by-step guide to local legislative change including definition of family care and group homes, how to analyze current zoning ordinances and recommended changes in such ordinances. Model zoning legislation for these community residences is also described.

AVAILABLE FROM: Law Reform Project, Developmental Disability Law
College of Law, Ohio State University
1659 North High Street
Columbus, Ohio 43210
NUMBER OF PAGES: 23 (1st report); 16 (2nd report)
PRICE: Free

-- National Committee Against Discrimination in Housing. "How Will Equal Opportunity Fare Under the New Housing and Community Development Act?" Information Series, No. 3, Washington, D.C., October 1974.

Although focused on the needs of minority groups in housing under the 1974 Housing and Community Development Act, this paper presents the major provisions for equal opportunity under the Act. The strengths and weaknesses of expanding equal opportunity under the Act are also explored.

AVAILABLE FROM: National Committee Against Discrimination in Housing
1425 H Street, N.W.
Washington, D.C. 20005
NUMBER OF PAGES: 22
PRICE: $.50

APPENDIX B

-- National Model Cities Community Development Directors Association. "A Guide to Meeting Citizen Participation Requirements for Community Development." (Washington, D.C.: February, 1975).

This booklet presents a general guide to meeting citizen participation requirements as defined under the 1974 Housing and Community Development Act. Alternative approaches to developing a citizen participation process are also described.

AVAILABLE FROM: National Model Cities Community Development
Directors Association
1620 Eye Street, N.W. Suite 503
Washington, D.C. 20006
NUMBER OF PAGES: 28
PRICE: $3.50

-- Stickney, Patricia (Ed.). Gaining Community Acceptance: A Handbook for Community Residence Planners. (Community Residences Information Services Program (CRISP): Westchester Community Service Council, White Plains, N.Y.), 1976.

This handbook suggests ways in which agencies, consumer groups, community planners and others can gain community support for alternative residential arrangements for their clients. Strategies for gaining community acceptance, the use of zoning ordinances and other legal issues as well as the power of communications in planning for community residences are discussed.

AVAILABLE FROM: CRISP, Westchester Community Service Council
713 County Office Building
White Plains, New York 10601
NUMBER OF PAGES: 44
PRICE: $3.50

D. REGIONAL, STATE AND LOCAL REPORTS

-- HEW Region V, Office of the Regional Director, Alternatives to Institutional Care. October 1976.

Material compiled by Region V DHEW Task Force on Alternatives to Institutional Care. Catalogues client service needs and Federal administering agencies; 70 Federal programs which are potential funding sources for services to the disabled and elderly; potential Federal funding sources for services for the mentally disabled.

AVAILABLE FROM: Office of the Regional Director
DHEW Region V
300 South Wacker Drive, 35th floor
Chicago, Illinois 60606
NUMBER OF PAGES: 26
PRICE: Free

-- AdHoc Committee on Community Alternatives. Developing Community Based Residential Alternatives: A Manual for Prospective Developers. Minnesota Department of Public Welfare, March 1976.

Although directed at agencies or organizations serving the developmentally disabled in Minnesota, this manual presents general guidelines to assist prospective housing sponsors in providing a range of residential options for their clients. Basic information such as funding and capital requirements are delineated.

AVAILABLE FROM: Ardo Wrobel, Technical Assistance Project
Minnesota Department of Public Welfare
Centennial Building
St. Paul, Minnesota 55155
NUMBER OF PAGES: 35
PRICE: Free

-- Erie County Residential Guidelines. Prepared by the Residential Concentration Committee (based on Dr. Wolf Wolfensberger's Program analysis of Service System (PASS) 3rd Edition 1975). December 1, 1975.

Guidelines for those considering the establishment of a housing situation for persons who might otherwise be institutionalized. Uses PASS evaluation techniques to assess the extent to which the physical setting of a residence permits and facilitates social integration. Personnel trained in PASS techniques are required to implement the guidelines.

AVAILABLE FROM: John Di Biase
Director, County Care Systems
Erie County Department of Mental Health
Buffalo, New York
NUMBER OF PAGES: 25
PRICE: Free

APPENDIX B

-- Budson, Richard D; Meehan, Justine; Barclay, Emily. Developing a Community Residence for the Mentally Ill. The Commonwealth of Massachusetts, Department of Mental Health, 1974.

The report details practical, programmatic, legal and political considerations in the development and staffing of community residences for the mentally ill in Massachusetts. Appendices include: Draft Certification of Self Preservation; Proposed Group Residence Building Code; and a Sample Community Residence Budget and Contract.

AVAILABLE FROM: Office for Mental Health Services
The Commonwealth of Massachusetts
Department of Mental Health
190 Portland Street
Boston, Massachusetts 02114
NUMBER OF PAGES: 25 and Appendices
PRICE: Free

-- New Jersey Department of Community Affairs. "Administration Plan for the Section 8 Existing Leased Housing Program for the Handicapped." February, 1976.

The general strategy and overall approach for New Jersey's Section 8 existing housing program for the handicapped is presented in this document. Outreach efforts, eligibility determination, lease approvals and other technical aspects of the program are presented (other materials on New Jersey's program are available as well).

AVAILABLE FROM: Matthew Powell, State of New Jersey Department of Community Affairs
P.O. Box 2768
Trenton, New Jersey 08625
NUMBER OF PAGES: 37
PRICE: Free

-- New Jersey Department of Community Affairs, Division of Housing and Urban Renewal: Sponsor's Guide to the Rental Assistance Program. July 1976.

Review of eligibility requirements and application procedures for the Rental Assistance Program in New Jersey.

AVAILABLE FROM: New Jersey Department of Community Affairs
Division of Housing and Urban Renewal
363 West State Street
Trenton, New Jersey 08625
NUMBER OF PAGES: 11
PRICE: Free

-- New York City, Departments of Mental Health and Mental Retardation Services; Department of Community Development; Department of Social Services; Human Resources Administration. "A Guide to Establishing Community Residential Facilities: Halfway Houses, Hostels, Community Apartments and Other Residential Facilities for Adults Discharged from State Psychiatric Hospitals." January 1975.

This is a 'how-to' manual to assist individuals and groups in developing community residences for the discharged patient. It provides basic information for planning and establishing a unit, and gives the relevant State regulations. The manual also deals with programmatic issues such as location and physical structure of residences, approvals, staffing, costs. This document may serve as a useful example for other states. Bibliography and Appendices.

AVAILABLE FROM: Jeanne Miles
Office of Case Intake and Management
Human Resources Administration
250 Church Street, 8th floor
New York, New York 10013
NUMBER OF PAGES: 87 and appendices
PRICE: Free

-- Community Residences Information Services Program (CRISP) Community Residences: Some Perspectives and Issues. Anthony Cupaiuolo, Director, CRISP, Westchester Community Service Council. June 1975.

Describes established and projected residences in Westchester; restrictive zoning and court decisions; public attitudes and gaining community acceptance, and CRISP services and activities.

AVAILABLE FROM: Westchester Community Service Council, Inc.
237 Mamaroneck Avenue
White Plains, New York 10605
NUMBER OF PAGES: 19
PRICE: $1.00 - Bulk price on request.

-- Gaining Community Acceptance: A Handbook for Community Residence Planners. Edited by Patricia Stickney, Westchester Community Service Council. 1977.

AVAILABLE FROM: Westchester Community Service Council, Inc.
237 Mamaroneck Avenue
White Plains, New York 10605
NUMBER OF PAGES: 44
PRICE: $3.50 - Bulk prices available on request.

-- Virginia Housing Development Authority. "Section 8 Housing Payments Program; Program Description for the Adult Mentally Retarded; New Construction and Substantially Rehabilitated Housing, Existing Housing." February, 1976; and "Housing Program for the Adult Mentally Retarded (update)," April, 1976.

AVAILABLE FROM: Roy Reynolds, VHDA
111 South Sixth Street
Richmond, Virginia 23219
NUMBER OF PAGES: --
PRICE: Free

E. ADDITIONAL PROGRAMMATIC RESOURCES

-- Brook, Bryan D. ACSW, "Crisis Hostel: An Alternative to Psychiatric Hospitalization by Emergency Patients." Southwest Denver Community Mental Health Services, Inc., Denver, Colorado. Vol. 24, September 1973. Reprinted from Hospital and Community Psychiatry.

-- Fanning, John W. "A Common Sense Approach to Community Living Arrangements for the Mentally Retarded." Charles C. Thomas, Springfield, Illinois, 1974. 95 pages, $8.50.

-- Fairweather, G.W., et. al. Community Life for the Mentally Ill: An Alternative to Institutional Care. (Chicago: Aldine Publishing Company), 1969.

-- Glasscote, Raymond A., et. al. Halfway Houses for the Mentally Ill: A Study of Programs and Problems. (Washington, D.C.: Joint Information Service of the American Psychiatric Association and National Association for Mental Health), 1971.

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- Goldmeier, John, "New Directions in Aftercare: Cooperative Apartment Living." Mental Health Study Center, National Institute of Mental Health, Adelphi, Maryland. 1975.

- Mannino, Fortune V, Ott Susan and Shore, Milton F. Community Residential Facilities for Former Mental Patients: An Annotated Bibliography. Mental Health Study Center, National Institute of Mental Health, 2340 University Boulevard East, Adelphi, Maryland 20783. January 1977.

- Piasecki, Joseph R; Pittinger, Jane E; Rutman Irvin D, Determining the Costs of Community Residential Services for the Psychosocially Disabled. Horizon House Institute for Research and Development, 1019 Stafford House, 5555 Wissahickon Avenue, Philadelphia, Pennsylvania.

- Polak, Paul, M.D., Michael W. Kirby, Ph.D., A Model to Replace Psychiatric Hospitals. Journal of Nervous and Mental Disease. May 1975.

- Rutman Irvin D. Adequate Residential and Community-based Programs for the Mentally Disabled. Horizon House Institute for Research and Development, 1019 Stafford House, 5555 Wissahickon Avenue, Philadelphia, Pennsylvania. 1976.

- Sandall Hilary, Hawley T, and Gordon G.C. The St. Louis Community Homes Program: Graduated Support for Long-Term Care. American Journal of Psychiatry. 132:6 June 1975. pp. 617-622.

- Sandall, Hilary, M.D. "Community Alternatives in Mental Health Care," published in Paper Victories and Hard Realities (Valerie J. Bradley and Gary J. Clarke, Eds.), Georgetown University Health Policy Center, Washington, D.C., 1976.

- Scheerenberger, R.C. "Managing Residential Facilities for the Developmentally Disabled." Charles C. Thomas, Springfield, Illinois. 1975. 281 p. $16.50.

- Shadoan, Richard A., "Making Board and Care Homes Therapeutic," in Community Survival for the Long-Term Patients by Richard Lamb and Associates, Jossey-Bass Publishers 1976.

-- Stein, Leonard, M.D. and Mary Ann Test, Ph.D. "Practical Guidelines for the Community Treatment of the Mentally Impaired Patient." Mendota Mental Health Institute, Madison, Wisconsin.

F. TRAINING RESOURCES

-- Fountain House, New York City

NIMH sponsored training at Fountain House consists of sessions of about 8 trainees each for four weeks of training. Trainees participate in every phase of the Fountain House rehabilitation program, including working alongside members in transitional employment, taking part in classes and recreational activities, and being on the job in both daytime and evening programs. At the conclusion of their training, participants should be able to establish rehabilitation or aftercare programs in their own communities, turning at any time to Fountain House staff for guidance.

For more information contact: Norman Plovnick
Fountain House
425 West 47th Street
New York, New York 10036

-- "New Directions in Community Care." (Training materials for board and care operators.) Contact either: Larry Fielder, 1662 Kearney Street, San Francisco, California 94122, or Dr. Stuart Coonly, Institutional Television Consortium, California State College, Sonoma, California.

APPENDIX C

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APPENDIX C

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APPENDIX D-I

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APPENDIX D-I

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APPENDIX D-I

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APPENDIX D-I

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APPENDIX D-I

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APPENDIX D-2

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February 1976

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APPENDIX D-2

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APPENDIX D-2

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APPENDIX E

REGIONAL ALLOCATIONS FOR SECTION 8 HOUSING ASSISTANCE PAYMENTS* AND NEW TRADITIONAL PUBLIC HOUSING FOR FISCAL YEAR 1977

Federal Regions	Section 8	New Traditional Public Housing
I	$ 29,245,000	$ 4,270,000
II	96,657,000	13,940,000
III	54,451,000	7,940,000
IV	73,946,000	11,000,000
V	97,321,000	14,170,000
VI	39,009,000	5,750,000
VII	21,373,000	3,200,000
VIII	10,399,000	1,560,000
IX	59,436,000	8,560,000
X	12,163,000	1,810,000
SUBTOTAL	$ 494,000,000	$ 72,000,000
CENTRAL OFFICE RESERVE	26,000,000	3,800,000
TOTAL	$ 520,000,000	$ 76,000,000

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*Section 8 allocation includes existing housing, newly constructed and substantially rehabilitated housing; state housing agency allocations are not included in these figures.

APPENDIX F

PROJECT EXAMPLES, CONTACTS, ADDRESSES AND PHONE NUMBERS

1. PROJECT: Supervised Apartment Project for Developmentally Disabled Adults
United Cerebral Palsy Association of the Pittsburgh District

CONTACT: Al Condeluci
ADDRESS: House Building
4 Smithfield Street
Pittsburgh, Pennsylvania 15222
PHONE: (412) 261-5831

REFERENCE IN GUIDE: Page 19

2. PROJECT: Center House

CONTACT: Margaret Dwenel
ADDRESS: Dorchester, Massachusetts
PHONE: (617) 426-5285

REFERENCE IN GUIDE: Page 20

3. a. New Jersey Department of Community Affairs

PROJECT: Rental Assistance Program (RAP)

CONTACT: Matthew Powell
ADDRESS: 363 West State Street
Trenton, New Jersey 08625
PHONE: (609) 292-9440

REFERENCE IN GUIDE: Pages 20-23

b. Hackensack Hospital CMHC

PROJECT: "Project Advance"

CONTACT: Henry Greenstone

b. Hackensack Hospital CMHC (cont.)

ADDRESS: 66 Hospital Place
Hackensack, New Jersey 07601
PHONE: (201) 487-4000

REFERENCE
IN GUIDE: Pages 20-23

4. PROJECT: Project Independence

CONTACT: Shirley Snitzer
ADDRESS: 116 Takoma Street
Worcester, Massachusetts 01605
PHONE: (617) 853-1897

REFERENCE
IN GUIDE: Page 25

5. PROJECT: Dallas Area HUD Office

CONTACT: Jack Harwell
ADDRESS: Housing Management
2001 Bryan Tower, Fourth Floor
Dallas, Texas 75201
PHONE: (214) 749-3211

REFERENCE
IN GUIDE: Pages 9, 25, 26, 30, 36, 42

6. PROJECT: Central Bergen Community Mental Health Center, Inc.
CONTACT: Bill Bailey
ADDRESS: 289 Market Street
Saddlebrook, New Jersey 07652
PHONE: (201) 265-8200

REFERENCE
IN GUIDE: Page 28

7. PROJECT: Central District Mental Health Center

CONTACT: Baron Carson
ADDRESS: Number 6, Hospital Plaza
Clarksburg, West Virginia 26301
PHONE: (304) 623-5661

7. PROJECT: Continued

REFERENCE
IN GUIDE: Page 35

8. PROJECT: Virginia Housing Development Authority

CONTACT: Roy Reynolds
ADDRESS: 111 South Sixth Street
Richmond, Virginia 23219
PHONE: (804) 782-1986

REFERENCE
IN GUIDE: Pages 37-39

9. PROJECT: Michigan State Housing Development Authority

CONTACT: Marjorie Green
ADDRESS: 300 South Capitol Avenue
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Lansing, Michigan 48926
PHONE: (517) 373-6840

REFERENCE
IN GUIDE: Pages 39-40

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Task Force on Housing
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(202) 638-6169

Housing Assistance Council
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APPENDIX G

SECTION 8
QUESTION AND ANSWER

Question: Are mentally ill persons included in the term "handicapped" as used in the 1974 Act and are therefore eligible for Section 8 assistance or other HUD assistance programs?

Letter from Jerry Dincin, dated September 27, 1976
Thresholds (Rehabilitation Agency)
2700 North Lakeview Avenue
Chicago, Illinois 60614
(312) 281-3800

Answer : Section 8 answer follows on next page.

APPENDIX G

November 8, 1976

Mr. Jerry Dincin
Thresholds (Rehabilitation Agency)
2700 N. Lakeview Avenue
Chicago, Illinois 60614

Dear Mr. Dincin:

This is in response to your Section 8 Hotline inquiry of September 27, 1976 as to whether those single mentally ill persons whose disturbance stems solely from psychological or emotional causes come within the definition of "families" as used in Section 3(2) of the United States Housing Act as amended by the Housing and Community Development Act of 1974 so as to be eligible for Section 8 lower-income housing assistance and traditional public housing under the United States Housing Act. The answer to your question is in the affirmative.

(A) Section 8 Assistance

Assuming they are otherwise in compliance with the income and eligibility standards of the public housing agency, a single mentally-ill person whose disturbance stems solely from psychological or emotional causes is eligible for Section 8 assistance.

Specifically, those provisions of Section 3(2) of the United States Housing Act as amended by the Housing and Community Development Act of 1974 which expand the definition of "families" to include certain classes of single persons provide the following categories under which single mentally-ill applicants may qualify:

1) Section 223 of the Social Security Act

Section 3(2) directs that a single individual who is under disability as defined in Section 223 of the Social Security Act shall be considered a family for the purposes of eligibility under the United States Housing Act. Section 223 expressly provides that a disability may be based upon a mental impairment. Where such an impairment can be expected to last for a continuous period of not less than 12 months and where it results in an inability to engage in any substantial gainful activity a finding of disability is in order. While determinations are generally made on a case-by-case basis, the SSA regulations issued pursuant to the statute act forth particular mental disorders, including functional mental disorders, whose presence or that of their medical equivalent may serve as a justification for a finding of disability.

2) Handicapped Individuals

Section 3(2) also provides that a single individual who is "handicapped" shall be considered a family for the purposes of eligibility under the United States Housing Act of 1937. The statute defines a "handicapped" individual as one determined to have "an impairment" which "(1) is expected to be of long-continued and indefinite duration, (ii) substantially impedes his ability to live independently, and (iii) is of such a nature that such ability could be improved by more suitable housing conditions." An "impairment" includes mental as well as physical impairments.

The statutory standard that the impairment in question be of "long-continued and indefinite duration" is to be interpreted as requiring that the disorder in question be of a relatively permanent or chronic nature. With respect to the second and third standards for "handicapped," the impairment may not be so severe as to require continuous skilled nursing attention. Since Section 8 (or the United States Housing Act generally) is not intended to provide assistance to those requiring nursing home care, this restriction is consistent with the general scope of United States Housing Act assistance.

In general, we wish to make clear that the Section 3(2) eligibility standard based upon disability under Section 223 or based upon classification of "handicapped" are independent of each other. For example, "handicapped" individuals are those afflicted with a mental disorder, but they need not be "disabled" within the meaning of Section 223.

(B) Traditional Public Housing

Since Section 3(2) of the United States Housing Act of 1937 provides the eligibility requirements for all public housing programs under that statue, what has been said above concerning the eligibility of single mentally ill individuals with respect to Section 8 housing assistance is equally applicable to their eligibility for traditional public housing.

Sincerely,

/s/ Joseph Burstein

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